

# CERTIFICATE OF COMPLETION

The undersigned has successfully completed the listed educational program.

Participant Name: \_\_\_\_\_ Date: May 2, 2024

**Presentation Title:** *Optimizing HVAC Systems in the Healthcare Environment*

**Location:** NIU Conference Center, Naperville, IL

**Presenters:** Thomas Holmes and Mark Modera, Aeroseal

1.0 Contact Hrs. (.10 CEUs)



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