

CERTIFICATE OF COMPLETION

The undersigned has successfully completed the listed educational program.

Participant Name: _____ Date: May 2, 2024

Presentation Title: *BMS in Healthcare – Planning and Execution of Retrofit Projects*

Location: NIU Conference Center, Naperville, IL

Presenters: Matt Steding, Alerton

1.0 Contact Hrs. (.10 CEUs)



Healthcare Engineers Society of Northern Illinois
www.hesni.org

