

CERTIFICATE OF COMPLETION

The undersigned has successfully completed the listed educational program.

Participant Name: _____

May 4, 2017

Date: _____

Presentation Title: **Rethinking Surgical Suite Design**

Location: NIU Conference Center, Naperville, IL

Presenter: Kevin J. Schreiber, SLD Technology, LLC

1.0 Contact Hrs. (.10 CEUs)



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