



C E R T I F I C A T E   O F   C O M P L E T I O N

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The undersigned has successfully completed the listed curriculum of study

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date:

Seminar Title: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
PDH

Illinois Chapter of the American Society of Heating, Refrigerating & Air Conditioning Engineers

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