



CERTIFICATE OF ATTENDANCE

This certifies that _____ *has attended:*
Name of Participant

Airflow Measurement for Healthcare Facilities

Presented By: Kishor Khankari, Ph.D.

Date: November, 13th 2024

Sponsored by _____ **Dallas** _____ Chapter of ASHRAE

1.0 Professional Development Hours Awarded

Quentin Mackie
Signature of Chapter Officer