

Weas Engineering

Is Hosting a Seminar on Legionella, ASHRAE Standard 188-2015, the CMS S&C 17-30 Legionella Requirement, and Risk Reduction Strategies

Classroom Discussion Topics
Presented by Dr. Shivi Selvaratnam,
Certified HACCP Manager, and
Certified Water Technologists:

- Epidemiology and Ecology of Legionella spp. Pseudomonas aeruginosa, and Nontuberculous Mycobacterium
- ASHRAE Standard 188-2015 & CMS S&C 17-30 Requirement
- Water Management Program
- Risk Management Plan
- Responding to Legionella
- Point-of-Use Bacteria Filters



Agenda and Event Information: Thursday, April 26, 2018 10:00 am – 2:30 pm

9:30 – 10:00: Registration 10:00 – 12:00: Classroom Presentations 12:00 – 1:00: Lunch and Lab Tours 1:00 – 2:30: Classroom Presentations

Location:

Weas Engineering 17297 Oak Ridge Road Westfield, IN 46074

Registration:

Please fill out the registration form and fax it back to Weas Engineering to the attention of Angela Ryser Bahling 317.867.1040 or via e-mail at angela.bahling@weasengineering.com.

Please provide PO or indicate method of payment.

Registration for this event will be limited to the first 65 people who submit their information.

Who should attend: Infection Control, Healthcare Professionals, Risk Managers, Plant or Facility Managers, and Building Owners. All attendees are welcome for the entire program, however, the last segment is specifically relevant for those in Healthcare.

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Company Name:	
Address:	
PO Number or method of payment:	
Attendee Name/Title/Phone Number/Email Address/Dietary Restrictions:	Registration deadline is Thursday, April 19th.
	Cost: \$125 per attendee Part Number: Seminar 300
	A \$25 per attendee discount will be applied to current



New Customers please provide the following information with registration.

In addition to making it possible to bill properly for attending the seminar, this form will establish you in our database for lab customers. This will make serving you with *Legionella* Lab Services easier for the first time should you desire to utilize our lab.

Complete Customer Name		
(As appears on billing and correspondence)		
"Ship To" address:		
"Bill To" address:		
Report Sending: point of contact (name, office number, cell number and email address)		
Accounts Payable: point of contact (name, telephone number, fax number and email address)		
Payment Type:	O Purchase Order	○ Credit Card
Comments:		



