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. Michael Coughlin, Dr. Shivi Selvaratnam and Certified Water Technologists:

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

Agenda and Event Information:
Wednesday, July 26, 2017
10:00 am – 1:45 pm or 3:00 pm

9:30 – 10:00: Registration
10:00 – 11:30: Classroom Instruction
11:30 – 12:30: Lunch and Lab Tours
12:30 – 1:45: Classroom Training
2:00 pm – 3:00 pm: Healthcare Specific Information

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.

Company Name: _____

Address: _____

PO Number or method of payment: _____

Attendee Name/Title/Phone Number/Email Address/Dietary Restrictions:

_____

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Registration deadline is Wednesday, July 19th.

Cost: $125 per attendee
Part Number: Seminar 300

A $25 per attendee discount will be applied to current customers.

Weas Engineering - Water Treatment You Can Trust

Weas Engineering

Legionella Seminar New Customer

Information Form

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.

Company Name: **(as appears on billing and mailing)**	
Type of Business:	
Bill To Address:	
Ship To Address:	
Point of contact: **(name, phone, email)**	
Lab report contact(s): **(name, phone, email)**	
Accounts Payable contact: **(name, phone, email)**	
Tax Exempt? **(if yes, please include tax exempt certificate)**	