YFS EXPLORE A QUARTERLY PUBLICATIO

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PRESS RELEASE

You First Services Inc. (YFS) has signed an agreement with HDT Global to produce and market Patient Isolation Shelter Systems for the containment of highly infectious patients. The system uses YFS' patented SteriSpace[™] air sterilizer technology, which has been shown in independent testing to destroy greater than 99.9999% of airborne biological contaminants.

The isolation of patients with infectious diseases and treatment of contaminated air has become increasingly important in the containment and prevention of SteriSpace™ epidemics. The air sterilizer maintains negative air pressure in a rapidly-deployable HDT shelter and effectively destroys airborne biological pathogens, exhausting uncontaminated air from the shelter. The SteriSpace[™] system operates without filters, eliminating the risk of exposure from contaminated filters or filter disposal.

The recently developed SteriSpace[™] unit was tested with HDT's Patient Isolation Shelter System and it effectively created and maintained the conditions required to achieve the

YOU FIRST SERVICES WELCOMES 2020!

From expanding the company to building new relationships, You First Services, Inc. has plenty to be thankful for this year and is beyond ecstatic for what the future holds in 2020.

YouFirstServices

Our goal for 2020 is to expand product lines and bring innovative technologies to the forefront of their respective market.

YFS & HDT GLOBAL INC. LAUNCH PATIENT ISOLATION SHELTER SYSTEMS IN JANUARY 2020

GLOTRAN CLINICAL EFFICACY STUDY AT THE UNIVERSITY OF TENNESSEE IS COMPLETE

ORAL HEALTHCARE PRODUCT DISTRIBUTION HAS EXPANDED NATIONWIDE THROUGH CARDINAL HEALTH, MCKESSON, INDEPENDENT PHARMACIES

YFS WILL BE PRESENTING STERISPACE AT THE MONACO CLEAN EQUITY CONFERENCE IN MARCH 2020

TOPICS IN THIS ISSUE

[+] Are we ready for the next global pandemic?

[+] Xerostomia: A problem in an aging population.

[+] Why is my mouth so dry? An insight into dry mouth or xerostomia.

[+] Our Success, Product Updates and Clinical Studies

[+] Welcome New Employees and Collaborators

[+] YFS Pharma Status Update

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level of biological destruction required by the CDC for infectious disease isolation. When connected to an HDT expeditionary shelter, the system achieved the CDC's target flow rate and required negative pressure inside the shelter. You First Services and HDT have launched the Patient Isolation Shelter System in January 2020. "This partnership with HDT Global marks a major milestone for You First Services, enabling greater access to the worldwide isolation shelter market," says Dr. John Lordi PhD, Executive Vice President of Engineering at YFS. HDT Global Inc. is widely recognized for its industry-leading development and production of state-of-the-art, fully-integrated deployable solutions, including shelters, generators, heaters, air-filtration devices, robotics and other engineered technologies currently used by U.S. and allied military units worldwide as well as civilian government and commercial customers.

"The patented SteriSpace™ technology will substantially reduce hospital acquired airborne infections. YFS, with its unique and innovative technologies, will contribute to protecting people of all ages from contracting serious infectious diseases while helping to reduce the economic burden on the healthcare system significantly," says Dr. Satish Sharma MD FACS, Executive Chairman and Chief Executive Officer of YFS.

XEROSTOMIA: A PROBLEM IN AN AGING POPULATION



Dr. Sebastian G. Ciancio Distinguished Service Professor and Chair, Dept. of Periodontics and Endodontics, University at Buffalo School of Dental Medicine

The widely held belief that saliva production significantly decreases with age is not well supported in the literature dealing with this

subject. Aging does not appear to play a major role as a single contributing factor in causing xerostomia. (1)

However, as our population ages, they receive medications that produce the side effect xerostomia. The aged also develop medical problems that can diminish saliva production. For these reasons, most of the studies of xerostomia have focused on older patients. One study reported a direct positive association between the intake of anticholinergic drugs, sedatives, and hypnotics. (1) Over 500 drugs have been identified as potential reducers of salivary flow by acting on the cholinergic (parasympathetic) system either directly or indirectly. (2) Another study found that use of drugs causing xerostomia increases with age, and as expected, is highest in institutionalized patients. There are over 30 classifications of prescription and nonprescription medications that can reduce salivary flow. **The major categories of medications are:** Analgesics (narcotics), Antiarthritics, Anticholinergics, Antihypertensives, Antipsychotics, Anti-ulcer medications, Cardiac medications. Sedatives, Antianxiety agents, Antibiotics (quinolones), Antidepressants, Antiparkinsonian agents, Antipasmodics, Asthma inhalers and Muscle relaxants.

Other factors that can cause xerostomia are systemic disorders (see below) and radiation. (3) These factors must be considered in the differential diagnosis of xerostomia. **Systemic disorders associated with Xerostomia include:** Cardiac failure, Diabetes insipidus, Rheumatoid arthritis. Stress. Decreased masticatory function. Pernicious anemia and Siogern syndrome.

Clinical Testing

If xerostomia is suspected but not confirmed, whole salivary flow can be measured. The measurement should be done at least two hours after food or liquid intake, oral hygiene procedures, or smoking.

Clinical Problems and Xerostomia

Clinical problems that are associated with reduced salivary flow include difficulty chewing foods, reduced denture retention, recurrent caries, root surface caries, and oral candidiasis (low grade). When any of these conditions are found in a patient, regardless of age, reduced salivary flow should be considered in a differential diagnosis of the problem.

Treatment

Treatment of patients with reduced salivary flow should include: (1) drug and dosage changes by the patient's physician in consultation with the patient's dentist; (2) use of artificial saliva in a spray form; (3) use of mouth moisturizers and lip balms; (4) use of sugarless hard candy; (5) frequent sipping of water; (6) use of decaffeinated products; (7) use of pilocarpine (Salagen) 3- 5 times daily; and (8) inclusion of citrus and pineapple flavors in the diet.

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WHY IS MY MOUTH SO DRY? AN INSIGHT INTO DRY MOUTH OR XEROSTOMIA



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The term xerostomia comes from the Greek word xeros(dry) and stoma (mouth), which means dry mouth. Dry mouth is one of the most

common and unpleasant symptoms for which patients often seek help from a dentist. (1,2) It is a feeling that there is not enough saliva in the mouth. Everyone has a dry mouth once in a while when they are nervous, upset or under stress. But if the dry mouth is present most of the time, it can be uncomfortable and can lead to serious health problems - it could be a sign of an underlying systemic disease.

SALIVA IS.....

Saliva is not just water, but a complex fluid of mostly water (99%) and a variety of non-organic and organic substances such as enzymes, hormones, antibodies, antimicrobial constituents and growth factors. These substances are essential for maintaining good oral and general health. (2,3)

There are multiple causes for dry mouth, including side effects from (4)

- 1. Medications such as antihypertensives, antihistamines, antidepressants, hypoglycemic, levothvroxine
- 2. Therapeutic radiation to head and neck
- Systemic diseases such as Diabetes Mellitus, HIV, Emotional stress & mental depression 3.
- 4. Disease involving the salivary glands such as Sjogren's syndrome

MANAGEMENT (8.9.10)

Causes, the degree of damage to salivary glands, the systemic and immune status of patient, and/or medications will influence the management of xerostomia in the patient. A single therapy or a combined therapy approach might be required. Stimulation of the salivary glands may help increase the salivary output, and this includes:

- 1. Local stimulation: using chewing gum, acidic fruits, low-level laser therapy and accupuncture
- 2. Systemic stimulation: agents which have the ability to increase salivary production Prescription sialogogues such as: pilocarpine (5 milligrams three times per day and at bedtime)
- Symptomatic approach: use of agents in the form of liquid, spray or gel which have 3. moistening and lubricating properties to provide prolonged wetness in the oral mucosa.

HOME REMEDIES FOR DRY MOUTH* irrespective of the cause of xerostomia (11,12,13)

- 1. Discontinue or substitute all medications that cause dry mouth.
- 2. Eat smaller more frequent meals to stimulate saliva flow.
- 3. Increase intake of liquids during the day
- Minimize time in air conditioned environments such as offices and supermarkets. 4.
- 5. Use a humidifier at bed time to increase nighttime moisture and decrease discomfort
- Avoid smoking 6.
- Chew sugar-free gum or suck on hard sugar-free candies to activate reflexes that increase 7. saliva.
- Use artificial saliva (2-3 sprays in the mouth every hour while awake and at night time as 8. needed)
- 9. Avoid mouthwashes containing alcohol, fluoride rinses, or products that can aggravate oral dryness or burning

PATIENTS WITH **XEROSTOMIA** EXPERIENCE (3.5)

- A dry, sticky feeling in the mouth and throat
 - Increased frequency of thirst
- Difficulty in swallowing, speaking, chewing
- Difficulty in wearing dentures
- Change in taste sensation
- Burning or tingling sensation in the mouth
- Sores on the oral mucosa
- Fissured tongue or dry, red, raw tongue
- Cracked corners of the mouth and lips
- Tissue sticking to teeth
- Bad breath

XEROSTOMIA ASSOCIATED PROBLEMS (6,7)

- Dental Caries
- **Oral Candidiasis (fungal infection)**
- Demineralization of teeth
- **Mucosal Changes**

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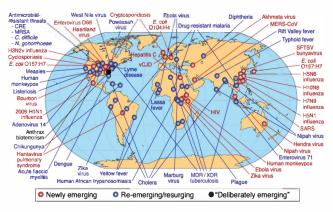
ARE WE READY FOR THE NEXT GLOBAL PANDEMIC?



Bindukumar Nair, PhD Principal Scientist of You First Services, Inc.

The world is unprepared for a global pandemic that could wipe out 80 million people in less than 36 hours along with five percent of the global GDP. We can minimize these effects if funding is increased for

disease control to coordinate efforts and develop strategies to contain airborne disease according to a report by the Global Preparedness Monitoring Board (GPMB) convened by the World Health Organization (WHO) and the World Bank. The report, after taking into account everything from emerging political trends to climate change, the team concluded that "there is a very real threat of a rapidly moving, highly lethal pandemic of a respiratory pathogen with increased mobility. Unprepared health facilities, in addition to the possibility of weaponizing disease, these pathogens can travel through the world quickly, turning into an outbreak capable of killing millions people.



The WHO tracked 1,483 epidemics between 2011 and 2018 in 172 countries, including SARS, Ebola, zika and the nipah virus. It detected man-made and previously unknown viruses in the last 50 years and mapped them. Disease outbreaks disrupt the entire health system, reducing access to health services for all diseases and conditions, which leads to even greater mortality and further economic depression. In addition to loss of life, epidemics and pandemics devastate economies. Estimated costs of past events include: a loss of over US\$ 40 billion in productivity from the 2003 SARS epidemic. The World Bank estimates that a global influenza pandemic akin to the scale and virulence of the one in 1918 would cost the modern economy US\$ trillion. 4.8% 3 or up to of gross domestic product (GDP); the cost would be 2.2% of GDP for even a moderately virulent influenza pandemic . Models predict the annual cost of a global influenza pandemic would mean that South Asia's GDP would drop by 2% (US\$ 53 billion), and sub-Saharan Africa's GDP by 1.7% (US\$ 28 billion).



Predicted country vulnerability to pandemic in terms of economic loss, 2018 (% GDP loss) Image: GPMB

REQUIRED ACTIONS TO PREPARE FOR A GLOBAL PANDEMIC

The report further recommends to take the following actions:

1. Governments in every country must commit to preparedness by implementing their binding obligations under the International Health Regulations (IHR 2005).

2. Governments must prioritize and dedicate domestic resources and recurrent spending for preparedness as an integral part of national and global security, universal health coverage, and Sustainable Development Goals (SDG). 3. Governments must appoint a national, high-level coordinator with authority and political accountability to lead government and societal approaches, and routinely conduct multi-sectoral simulation exercises to establish and maintain effective preparedness. 4. They must prioritize community involvement in all preparedness efforts, building trust and engaging multiple stakeholders legislators; (e.g. representatives of human and animal health, security, and foreign affairs, the private sector, local leaders, and women and youth).

5. The Secretary-General of the United Nations, with WHO and United Nations Office for the Coordination of Humanitarian Affairs must strengthen coordination in different countries by ensuring clear U.N. system wide roles and responsibilities; timely triggers to rapidly preparedness and reset response strategies during health emergencies.

CDC CONFIRMS THIRD CASE OF CORONAVIRUS THAT HAS KILLED MORE THAN 26 AND INFECTED OVER 800. HERE'S WHAT WE KNOW.

According to the Centers for Disease Control and Prevention, public health officials have confirmed three cases of the Wuhan coronavirus in the U.S. so far this week. The same virus that has killed at more than 26 people in China and sickened over 800 more. The virus was first identified in Wuhan City, China, but cases have now been reported in Thailand, Japan, South Korea, and now, the United States.

The outbreak has sparked alarm because it is in the same family of viruses as SARS. Physicians have compared the outbreak to the 2003 outbreak of SARS, which had a short incubation period of two to seven days. Authorities are anxious about the added risk from millions of Chinese traveling for the Lunar New Year holiday. Chinese health authorities have reported that patients have experienced fever, cough, difficulty breathing and pneumonia. The CDC is responding to this serious emerging public health issue.

Last weekend, major international U.S. airports began screening passengers flying from China. They stated that more than 2,000 people have been screened and no cases have been found as of now at airports. The World Health Organization (WHO) declined to formally designate the coronavirus as a global health emergency to control fear and prevent disruptions to international trade. WHO physicians said they needed more data before declaring a global emergency, and said the virus is now spreading through close human contact and in health-care settings.

Coronaviruses are common in many different species of animals. Rarely, coronaviruses can evolve and infect humans, subsequently spreading among humans. Recent examples of similar viruses include SARS-CoV, MERS-CoV, and now the most recent coronavirus strain that has infected hundreds of people in Southeast Asia.

Human coronaviruses are most commonly spread from one infected person to another through:

- the air by coughing and sneezing
- close personal contact, such as touching or shaking hands
- touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands
- fecal contamination (rarely)

The SteriSpace[™] air sterilization technology can have a huge impact in helping slow the spread of the coronavirus. Negative Pressure Patient Isolation Shelters are used to prevent infection transmission to unaffected people. Patients with a suspected infection of a highly contagious infectious disease (i.e. coronavirus, TB, SARS, Ebola, measles, etc.) are placed in isolation. The airflow leaving the isolation space is exhausted through a system using the SteriSpace[™] technology, which has been shown to destroy bacteria and viruses (>99.9999% as demonstrated in independent testing), preventing their release into the surrounding environment. When used in this manner, the technology solution satisfies the CDC Infection Control guidelines for infection isolation.



The HDT Patient Isolation System is a complete, rapidly-deployed, mobile shelter system that provides effective airborne infection control and isolation. Designed to contain and destroy such airborne pathogens as Anthrax (inhalational), Chickenpox, Influenza, Measles, Smallpox, Crypttococcosis and Tuberculosis, the HDT Patient Isolation System is an ideal solution for infectious outbreaks in austere locations or as scalable overflow containment for hospitals and healthcare systems.

The system features an HDT Base-X 203 shelter with two isolation rooms and one anteroom with clear viewing windows into the isolation space. A SteriSpace[™] Air Sterilization System provides negative air pressure inside the shelter and uses a proprietary compressive heat technology to kill >99.9999% of airborne pathogens without the use of HEPA filtration. The system also includes a 5-ton ECU and all required ducts.

SYSTEM COMPONENTS

HDT Base-X 203 Shelter with Sealed Liner

- Contains two 7' x 10' x 8' patient rooms that are sealed, controlled and monitored.
- One 5' x 14' x 8' anteroom with clear viewing windows into isolation spaces.
- Shelter packs into two packages and can be set up by four personnel in 15 minutes. Package one: 63" x 30" x 24" 203 lbs
- Package two: 63" x 26" x 18" 136 lbs

SteriSpace Air Sterilizer

- Continuous-duty 250 CFM centrifugal air compressor provides 12 air exchanges per hour, meeting CDC guidelines for airborne infection isolation.
- Pressure is controlled to create negative pressure area(s)
- Air treatment temperature of 240°C destroys >99.9999% of biological pathogens.
- No HEPA filtration means there is no risk of exposure from contaminated filters and no filter disposal issues.
- 5 HP, 3 phase, 60Hz, 208V motor that draws 4.5kW power at steady state.
- The digital, programmable controller can be to be connected to a PC / laptop to monitor system performance.





CLINICAL STUDIES

Oral Rinse for Plaque Control and Mouth Freshness

A new oral care rinse for plaque control and mouth refreshment will be undergoing a clinical trial at the School of Dental Medicine at The University at Buffalo. This is a double blind, placebo controlled study to estimate the effectiveness of the oral rinse in reducing plaque, improving gingivitis and effectiveness in improving halitosis. The study is expected to last one month.

Relief for Vaginal Dryness

A clinical study to evaluate the ability of an hyaluronic acid formulation to provide relief for vaginal dryness is in process. This randomized study at The Department of Gynecology at The University at Buffalo will investigate the ability of a lubricating solution in patients with symptomatic vaginal dryness and its efficacy in minimizing the symptoms associated with dyspareunia.

Study for Dry Skin Relief

Dry skin is an uncomfortable condition marked by scaling, itching, and cracking. It can occur for a variety of reasons. A randomized study at Buffalo-Amherst Associates currently Allergy is underway to investigate the tolerability of a novel lubricating solution in patients with symptomatic skin dryness and test the solution's efficacy in skin. The objective of this study is to evaluate patients' perception of efficacy for a spray solution to relieve dry skin. This study is nearing completion.





SteriSpace had its testing breakthrough for commercialization following the signing of an agreement with HDT Global Inc. The unit performed as expected during a performance test with a negative pressure isolation tent provided by HDT Global. SteriSpace passed all of the required reliability tests.

YFS and The University of Tennessee at Chattanooga Infectious Disease Control Research Group are focusing on infection prevention strategies to mitigate HAIs resulting from contaminated medical devices in the pulmonary outpatient clinic. To enable this, UTC used GloTran to conduct a clinical efficacy study.

The purpose of this study was to test the efficacy of GloTran in killing pathogens on reusable medical equipment in the pulmonary unit. Stethoscopes, otoscopes, ophthalmoscopes, computer mice, blood pressure cuffs, pulse oximeters and pulmonary breathing tubes were treated with an automatic disinfection cycle in the GloTran. The principal objectives were to determine the effectiveness of the GloTran in reducing bacterial contamination on the medical devices studied. We will also determine the cost effectiveness of using GloTran to disinfect medical equipment versus the use of traditional chemical disinfectants. The ease-of-use of GloTran will also be evaluated and compared to the manual disinfection of the equipment.

Sleep Apnea Study

Obstructive Sleep Apnea (OSA) significantly impacts quality of life. Patients with OSA spend most of their sleep time desperately seeking air and therefore it is not surprising that they wake up with a dry mouth, as the instinctive physiological response is to open the mouth to allow as much air in as possible. Saliva has important functions in protecting the hard and soft tissues of the oral cavity from acids and pathogenic microbes. However, in patients with OSA, these functions of saliva are severely reduced. Hence we have designed a Hyaluronic Acid-containing formulation to alleviate dry mouth in OSA patients. The clinical study (cross-over group, randomized) to determine the efficacy of this formulation is currently underway. Study participants were enrolled from the sleep clinic of the Veterans Affairs (VA) Hospital of WNY under an IRB approved protocol. This study has ended and results will be released soon.

ORAL HEALTH CARE

The Oral Healthcare division has achieved major milestones this past quarter. The greatest achievement among them is the opening of distribution for Lubricity and MetaQil in all of Cardinal Health's distribution centers across the United States. Besides this, McKesson and other key distribution channels have been added, expanding the availability of Lubricity and MetaQil products in the United States and internationally.

Our continued focus on increasing product knowledge and brand awareness has helped us penetrate and build relationships within the dental and oncology markets across the United States. Further, YFS is exploring marketing opportunities and strategic partnerships in other key target markets both domestically and internationally. The company is expanding its sales team to help maximize sales and increase our customer satisfaction. Lastly, the YFS Oral Healthcare team participated in Dental and Oncology shows in the last quarter to increase brand awareness and network with healthcare professionals, dental clinics and oncology centers. YFS participated in the Buffalo Niagara Dental Convention (September), Orlando Oncology Conference (October) and the Greater NY Dental Meeting in NYC (November).

YFS FOUNDATION



The YFS Foundation hosted visiting young scientists and a TV News crew from India. The students were given the opportunity to learn about the current research programs at YFS. They also got a chance to present their respective research projects.

YFS PHARMA UPDATE

You First Services announces the improvement of its Active Pharmaceutical Ingredient (API) plant in Buffalo, NY. These upgrades are a continuation of a long-term capital improvement initiative that resulted from an increased demand for contract manufacturing of commercial AP Is and cosmetics. Our customer's demand requires YFS Pharma's commercial API service to grow. Hence upgrading our facilities is a must if we want to grow with our customer demand. We will continue to upgrade and expand our facilities, ensuring supply, while offering new services and capabilities for our customers. When completed, the upgraded facilities are expected to enable a 50% increase in API production. Improvements to the plant include the addition of an indexed filler, larger processing mixing tank, a USP Water System, an industrial vacuum pump, among other systems and capabilities.

Recently, a filling line capable of filling 18 mL to 355 mL bottles was commissioned with integrated capping, coding and labeling. The newly purchased indexed filler will be added to the existing filling line. The recent upgrades to our manufacturing facility are all about operational efficiency. With these improvements, we can increase our functional capacity by approximately 20%, allowing us to produce more material in a shorter amount of time for our clients.

YFS Pharma is an experienced, contract development and manufacturing organization (CDMO), specializing in active pharmaceutical ingredients (API) and pharmaceutical intermediates. YFS leverages a talented group of scientists and supporting staff, as well as a centralized approach to project management, to ensure on-time and on-budget completion of projects. The team of technicians at YFS Pharma manufacture, test, and package specialty over-the-counter cosmetic products and custom manufacturing solutions. Our team has pushed through incredible challenges to bring this factory to fruition. We are now ready to put it to work, bringing our technologies to market. Our cGMP manufacturing and analytical facilities are ready to support the development of early clinical and commercial products with formulation capabilities, stability evaluations and more. In the coming months, YFS Pharma will be continuing to expand its production capacity. With further developments, we are now preparing to fulfill material deliveries to numerous end markets that we are targeting for growth in 2020.

NEW EMPLOYEES



Domenic Gigliotti Director of Sales and Marketing



Daniel Chmura Graphic/Web Manager



Takenya Allison Account Manager



Brian Warren <u>Sale</u>s Supervisor



Thomas Meyers Project Manager



Kevin Hughes Digital Marketing Manager



Nicholas Inglima Technical Sales Representative

MONACO CONFERENCE

You First Services, Inc. will be participating at the upcoming CleanEquity® Monaco 2020 Conference on March 26th, 2020. CleanEquity® is a private conference, which features up to 30 of the world's best in class next generation technology companies. You First Services, Inc. will present its unique and innovative SteriSpace Air Sterilization Technology, and has the opportunity to network with prominent financial, strategic, sovereign, corporate and family investors, established industry representatives, government officials, end users and international trade media. S. G. Ban Ki-Moon of the United Nations opened the CleanEquity® Monaco Conference in 2019. The conference is hosted by Innovator Capital, the London based specialist investment bank, established in 2003 focusing on health and sustainable technology innovation. You First Services is also invited to the CleanEquity® Awards Ceremony during which H. S. H. Prince Albert II of Monaco will be presenting the awards.

ORAL HEALTH CARE PRODUCTS

