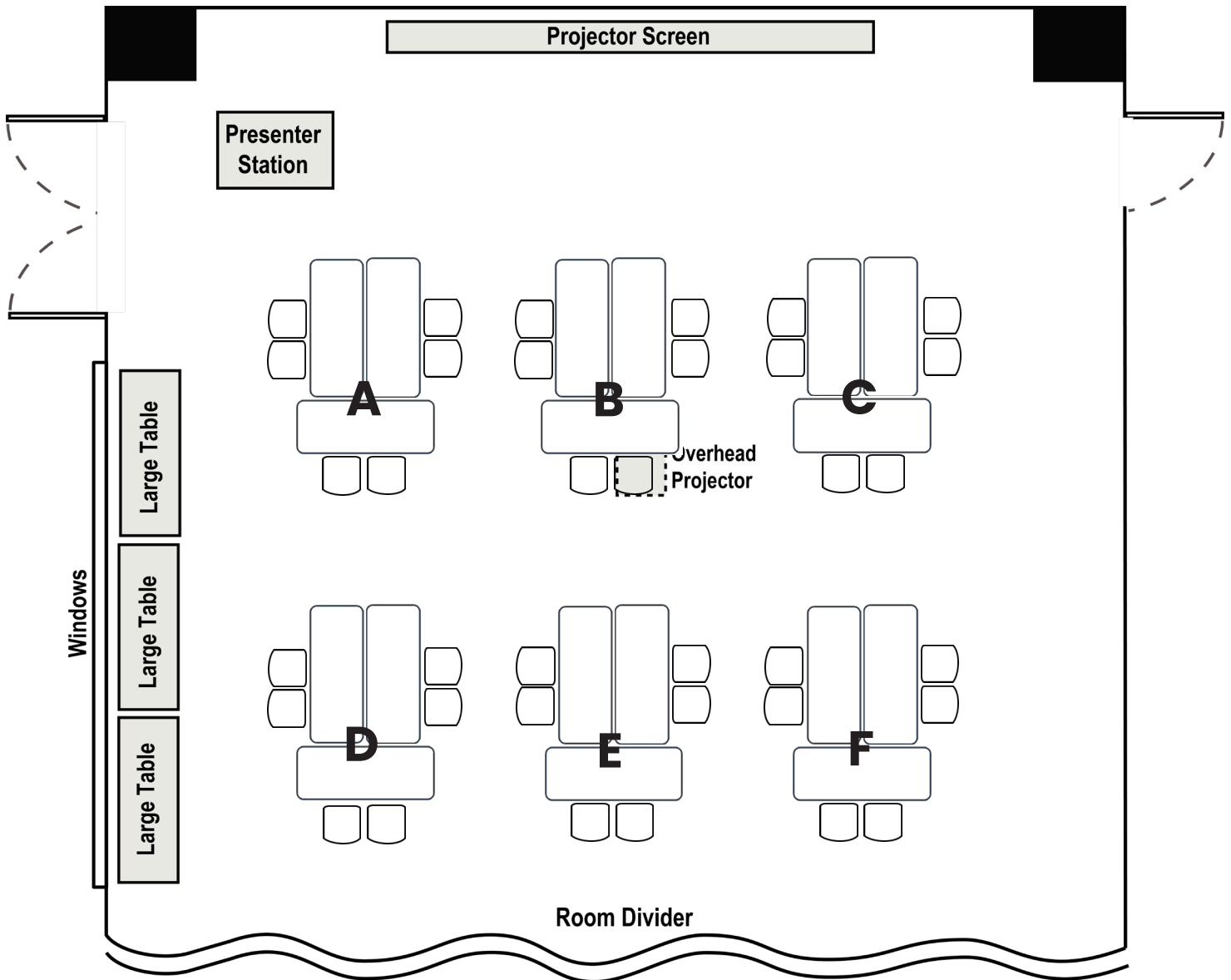




Contact Tracing Room Schematic

Room 401 – TBone for 36

Event name: _____ Date: _____ Time range: _____



Meeting room furniture is set to enable contact tracing. DO NOT CHANGE.

Masks are required indoors.



Contact Tracing Room Schematic

Room 401 – TBone for 36

Event name: _____ Date: _____ Time range: _____

Check the table letter on the front of this form and print participant names by table/group below:

	Table Group	Participant		Table Group	Participant
		EXAMPLE	25	E	
1	A	Bob Mueller	26	E	
2	B	Yolanda Rogers	27	E	
1	A		28	E	
2	A		29	E	
3	A		30	E	
4	A		31	F	
5	A		32	F	
6	A		33	F	
7	B		34	F	
8	B		35	F	
9	B		36	F	
10	B				
11	B				
12	B				
13	C				
14	C				
15	C				
16	C				
17	C				
18	C				
19	D				
20	D				
21	D				
22	D				
23	D				
24	D				
			0	Presenter	
			0	Admin	