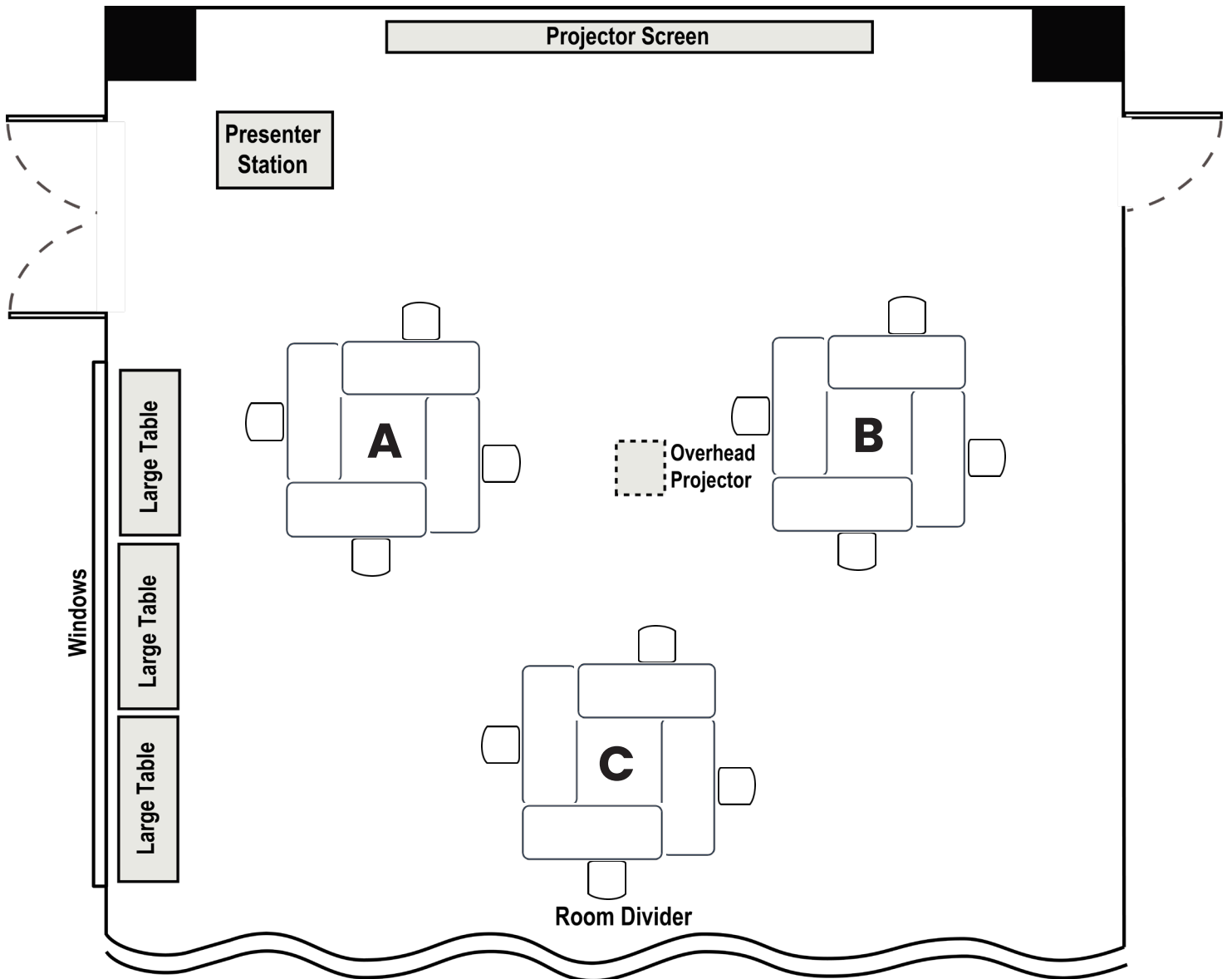




Contact Tracing Room Schematic

Room 401 – Donut for 12

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 – Donut for 12

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			
1	A	Bob Mueller			
2	B	Yolanda Rogers			
1	A				
2	A				
3	A				
4	A				
5	B				
6	B				
7	B				
8	B				
9	C				
10	C				
11	C				
12	C				
			0	Presenter	
			0	Admin	