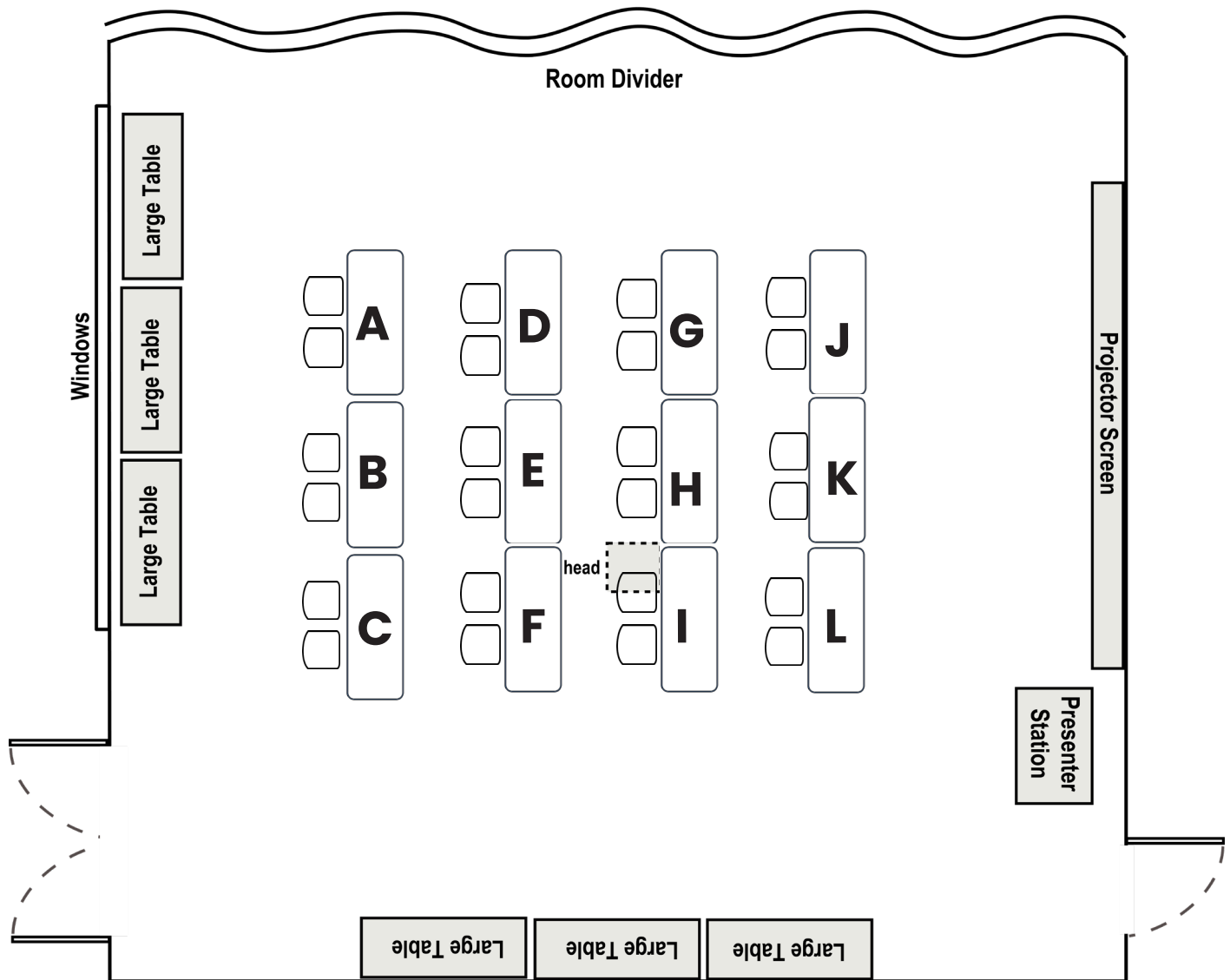


Contact Tracing Room Schematic

Room 402 – Classroom for 24

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 402 – Classroom for 24

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	B				
4	B				
5	C				
6	C				
7	D				
8	D				
9	E				
10	E				
11	F				
12	F				
13	G				
14	G				
15	H				
16	H				
17	I				
18	I				
19	J				
20	J				
21	K				
22	K				
23	L				
24	L				
			0	Presenter	
			0	Admin	