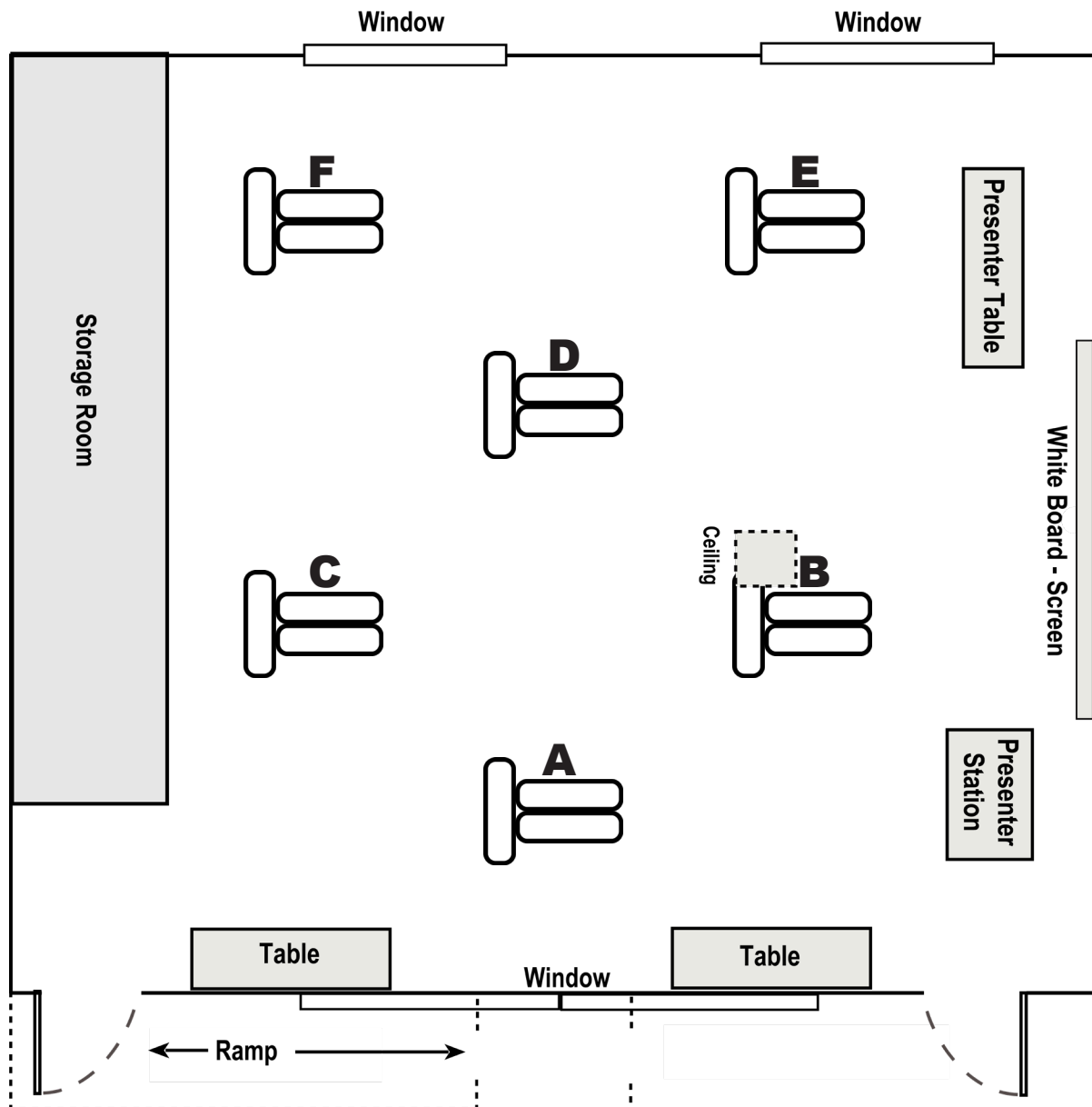


Contact Tracing Room Schematic

Annex C – 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

Annex C – 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
1	A		32	F	
2	A		33	F	
3	A		34	F	
4	A		35	F	
5	A		36	F	
6	A			Presenter	
7	B			Admin	
8	B				
9	B				
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				
25	E				
26	E				EXAMPLE
27	E		1	A	Bob Mueller
28	E		2	B	Yolanda Rogers
29	E				
30	E				
31	F				