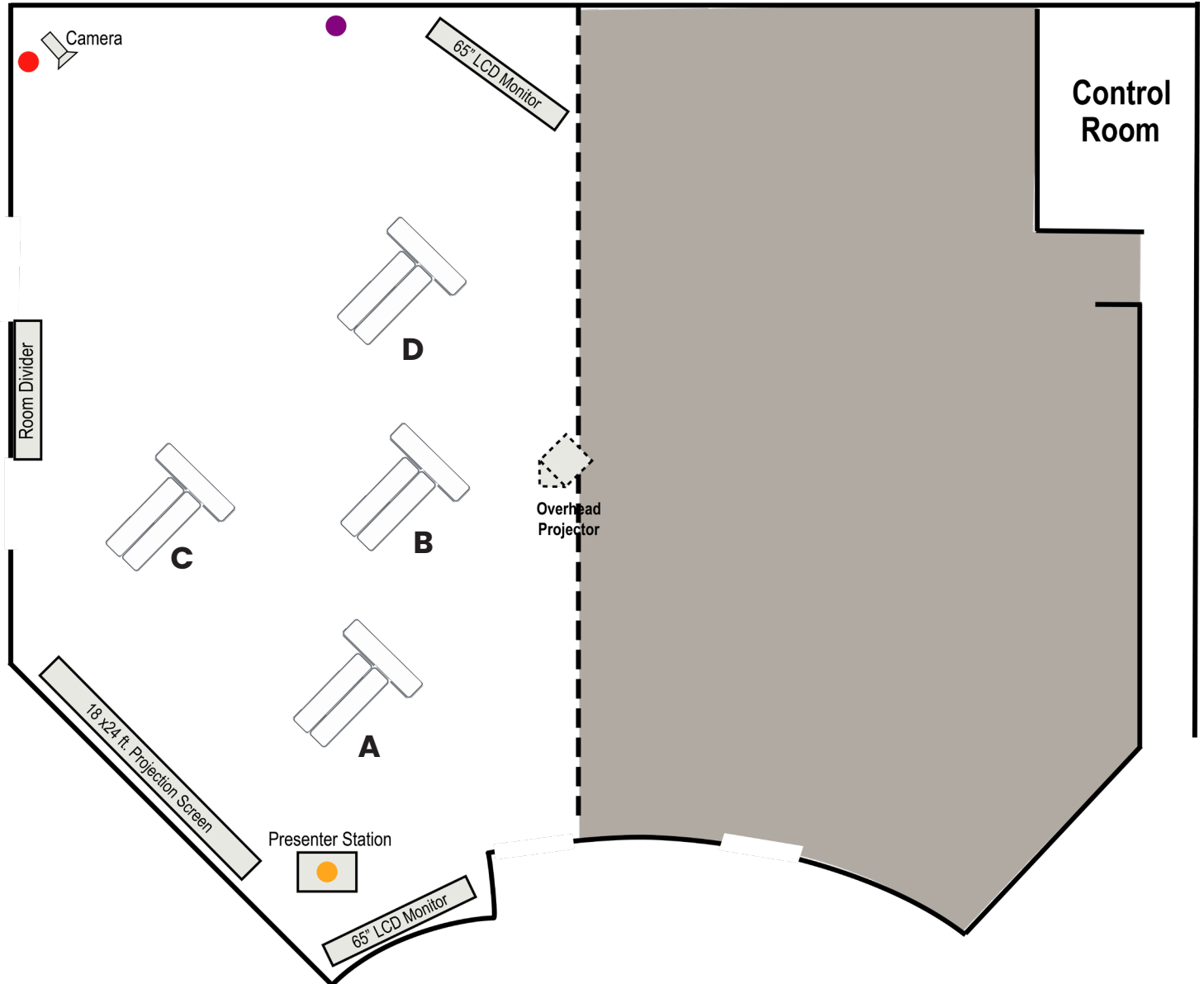


Contact Tracing Room Schematic

SCREC Comm Lab 1 – TBone 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

SCREC Comm Lab 1 – TBone 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 | A | | | | |
| 4 | A | | | | |
| 5 | A | | | | |
| 6 | A | | | | |
| 7 | B | | | | |
| 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 | | | | |
| | | | | | |
| | | | 0 | Presenter | |
| | | | 0 | Admin | |