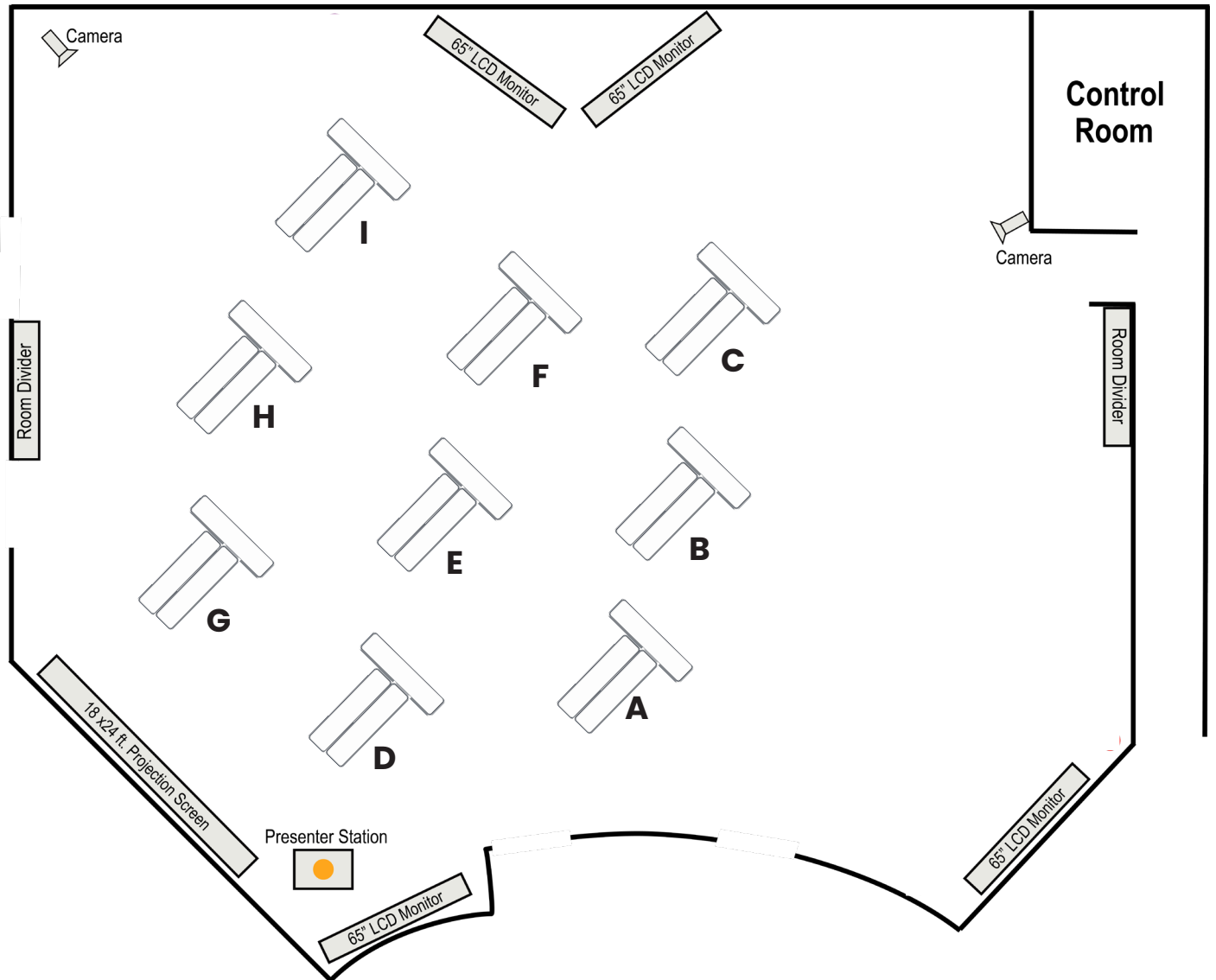


Contact Tracing Room Schematic

SCREC Comm Labs 1-2 – TBone for 54

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 Labs 1-2 - TBone for 54

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	28	E	
1	A	Bob Mueller	29	E	
2	B	Yolanda Rogers	30	E	
1	A		31	F	
2	A		32	F	
3	A		33	F	
4	A		34	F	
5	A		35	F	
6	A		36	F	
7	B		37	G	
8	B		38	G	
9	B		39	G	
10	B		40	G	
11	B		41	G	
12	B		42	G	
13	C		43	H	
14	C		44	H	
15	C		45	H	
16	C		46	H	
17	C		47	H	
18	C		48	H	
19	D		49	I	
20	D		50	I	
21	D		51	I	
22	D		52	I	
23	D		53	I	
24	D		54	I	
25	E				
26	E		0	Presenter	
27	E		0	Admin	