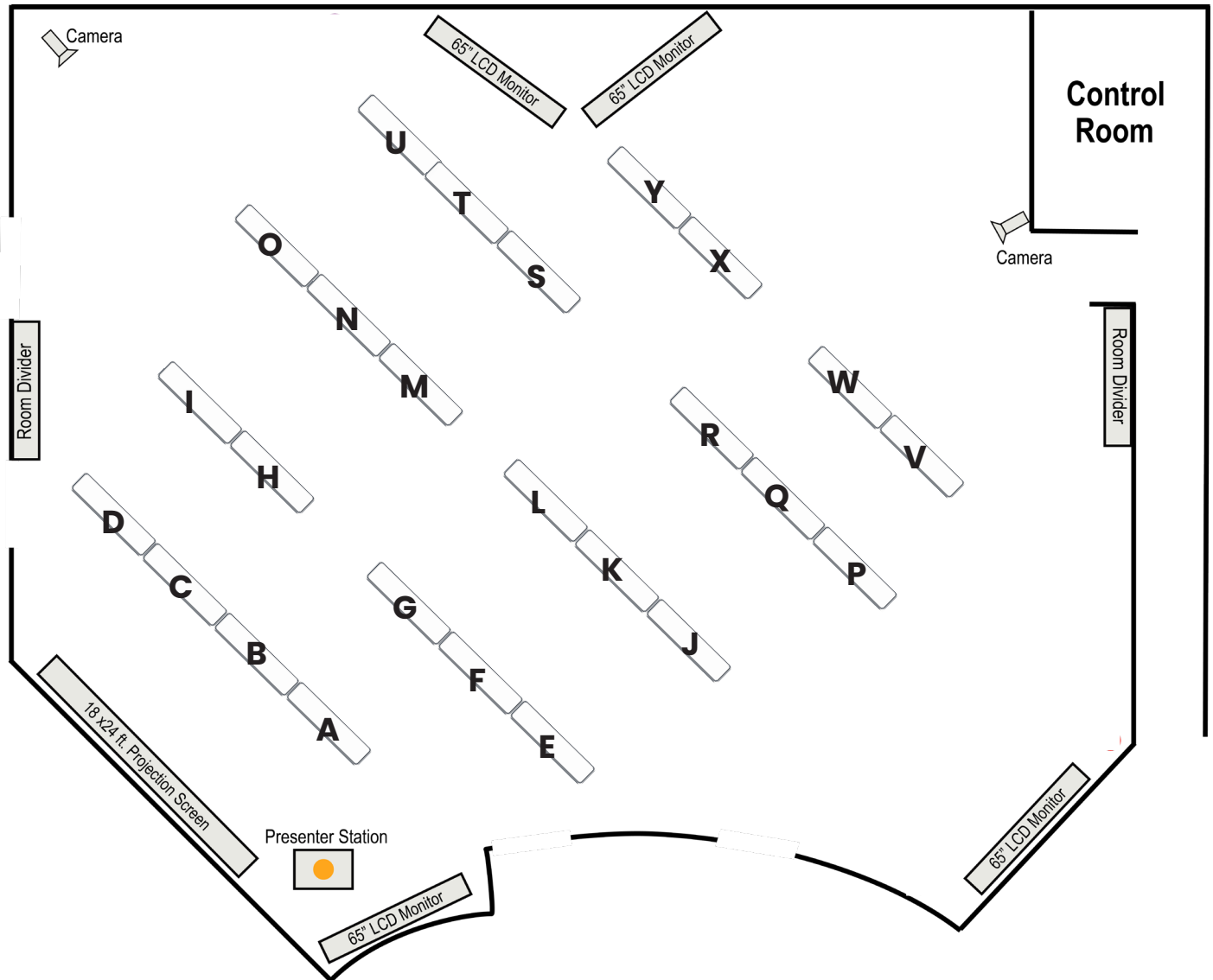




Contact Tracing Room Schematic

SCREC Comm Labs 1-2 - Classroom for 50

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 - Classroom for 50

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	27	N	
1	A	Bob Mueller	28	N	
2	B	Yolanda Rogers	29	O	
1	A		30	O	
2	A		31	P	
3	B		32	P	
4	B		33	Q	
5	C		34	Q	
6	C		35	R	
7	D		36	R	
8	D		37	S	
9	E		38	S	
10	E		39	T	
11	F		40	T	
12	F		41	U	
13	G		42	U	
14	G		43	V	
15	H		44	V	
16	H		45	W	
17	I		46	W	
18	I		47	X	
19	J		48	X	
20	J		49	Y	
21	K		50	Y	
22	K				
23	L				
24	L				
25	M				
26	M		0	Presenter	
			0	Admin	