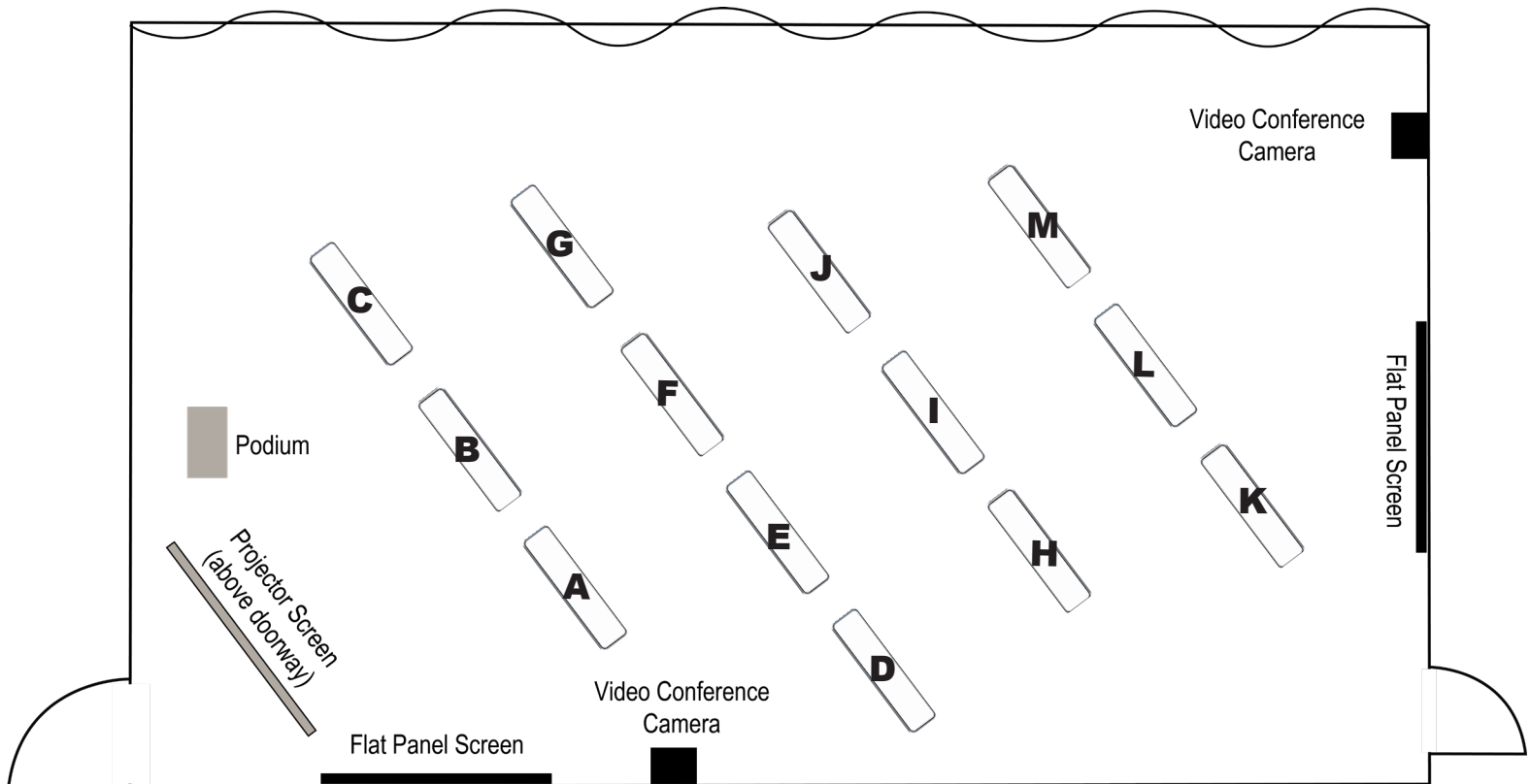


Contact Tracing Room Schematic

NCREC Comm Lab 2 – Classroom for 26

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

NCREC Comm Lab 1 - Classroom for 34

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				
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				
25	M				
26	M		0	Presenter	
			0	Admin	