ELIZABETHTOWN COLLEGE

COVID-19 EVENT CONTACT INFORMATION FORM

48 hours prior to the event, provide the Scheduling Office with a list the names and phone numbers or email addresses of the individuals scheduled to participate in the event for contact tracing purposes.

NAME AND DATE OF THE EVENT: _____

Name	Contact Information (phone # or email)

AN UPDATED LIST MUST BE SUBMITTED AGAIN TO THE SCHEDULING OFFICE WITHIN 24 HOURS AFTER THE EVENT TO CONFIRM WHICH INDIVIDUALS ATTENDED THE EVENT AND ANY UN-REGISTERED ATTENDEES. THIS LIST SHOULD ALSO CONTAIN ANY STAFF, FACULTY, AND STUDENT EMPLOYEES WORKING THE EVENT.

The names and contact information listed above will not be contacted unless absolutely necessary.

Name of individual submitting this form:

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