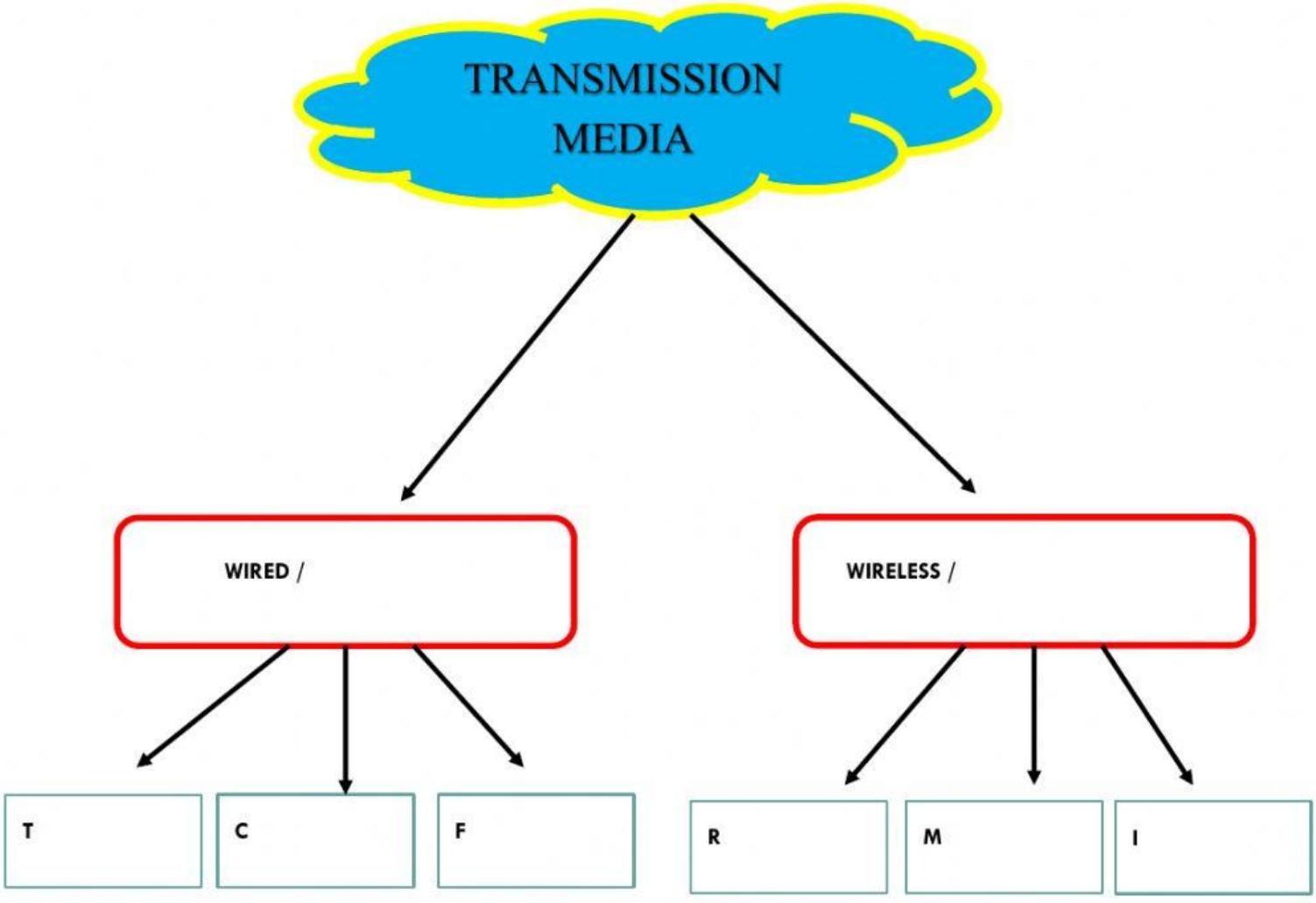
TOPIC: **TRANSMISSION MEDIA**

NAME:

CLASS:

DATE:

Please fill in the blank spaces to complete the concept map for types of transmission media



LIVEWORKSHEETS