

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Elements Practice 21 – 30

Complete the following:

	ELEMENT NAME	ELEMENT SYMBOL
1	Titanium	
2	Chromium	
3	Iron	
4	Nickel	
5	Zinc	

	ELEMENT NAME	ELEMENT SYMBOL
6		Sc
7		V
8		Mn
9		Co
10		Cu

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