



INDIVIDUAL SITE INSPECTION FORM (ISI)

To: Josette Croes | Fax: + 297 583 4702 | E-mail: j.croes@aruba.com | DATE ____ / ____ / ____

CONTACT INFORMATION *(section to be completed by advisor)*

NAME(s) _____
 COMPANION'S NAME _____
 ACCOMPANYING ADVISOR (s) _____
 AGENCY _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE _____ FAX _____
 EMAIL _____ WEBSITE _____
 SOCIAL MEDIA _____

TRAVEL INFORMATION

AIRLINE _____ CRUISE SHIP _____
 FLIGHT NUMBER _____
 ARRIVAL DATE ____ / ____ / ____ ARRIVAL TIME _____
 DEPARTURE DATE ____ / ____ / ____ DEPARTURE TIME _____
 HOTEL _____
 FROM ____ / ____ / ____ TO ____ / ____ / ____
 HOTEL _____
 FROM ____ / ____ / ____ TO ____ / ____ / ____

A minimum of 3 and a maximum of 4 properties is required in order to schedule an Individual Site Inspection. Please list the properties you would like to inspect and your preferred time below. Please take into account that Individual Site Inspections are available from Monday to Friday and cannot be accommodated on official holidays and/or weekends.

AM: 08:30 – 11:45	PM: 1:15 – 4:15
1.	1.
2.	2.
3.	3.
4.	4.