



## INDIVIDUAL SITE INSPECTION FORM (ISI)

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

To: **Josette Croes**

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**Contact Information** (section to be completed by advisor)

Name (s): \_\_\_\_\_

Companion's name: \_\_\_\_\_

**Accompanying advisor** (s): \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media: \_\_\_\_\_

**Travel Information**

**Airline:** \_\_\_\_\_

**Cruise Ship:** \_\_\_\_\_

Flight #: \_\_\_\_\_

Arrival Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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. _____

Section below to be completed by The Aruba Tourism Authority; completed form to be re-faxed/mailed to agent & ATA office abroad (if applicable) as proof of approval.

**ISI Confirmed by:** \_\_\_\_\_

**Approval Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Trade Relations Liaison:** \_\_\_\_\_

**ISI Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_