



INDIVIDUAL SITE INSPECTION FORM (ISI)

Date: _____

To: Patrick Melchiors
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Contact Information (section to be completed by agent)

Name (s): _____

Companion's name: _____

Accompanying agent (s): _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

E-mail: _____

Travel Information

Airline: _____

Cruise Ship: _____

Flight #: _____

Arrival Date: ____/____/____

Arrival Date: ____/____/____

Arrival Time: _____

Departure Date: ____/____/____

Departure Time: _____

Hotel: _____ From: ____/____/____ To: ____/____/____

Hotel: _____ From: ____/____/____ To: ____/____/____

Hotels requested for site inspection (Please note site inspections are only half day) Please choose a max of 4 hotels and your prefer time below.

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

Individual Site Inspections are available from Monday to Friday and cannot be accommodated on official holidays and/or weekends. A minimum of 3 hotels must be listed.

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: ____/____/____