



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 _____

IATA NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____ WEBSITE _____

SOCIAL MEDIA _____

ACE CERTIFIED YES NO

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	
1.	3.
2.	4.