Attachment 1

　　DD/MM/YYYY

Visit Report

Subsidy Recipient Name and Position:

Company Name:

1. Destinations (including accommodation)
※Please mark ✓ or × in the assessment column depending on whether you will introduce and se those places in your planned travel product itinerary.

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| Name | Assessment | Reasons behind the assessment/point that need improvement |
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1. Other opinions about the tourism resources on the Oki Islands and requests from the Management Bureau

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