Attachment 1

　　DD/MM/YYYY

Visit Report

Subsidy Recipient Name and Position:

Company Name:

1. Destinations (including accommodations)
\*Please indicate with ✓ (“yes”) or × (“no”) in the Assessment column whether you will include each site in your planned itinerary.

|  |  |  |
| --- | --- | --- |
| Name of Location | Assess-ment | Reasons for the assessment / Points for improvement |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Any other suggestions or comments regarding tourism resources or initiatives in the Oki Islands

|  |
| --- |
|  |