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.

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| --- | --- | --- |
| Name of Location | Assess-ment | Reasons for the assessment /  Points for improvement |
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1. Any other suggestions or comments regarding tourism resources or initiatives in the Oki Islands

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