



**Printing and Related Support Activities**

**NAICS 323113-323120**

Completion of this questionnaire is a legal requirement under this Act.

This document is confidential when completed.

Si vous préférez recevoir ce questionnaire en français, veuillez nous téléphoner au numéro sans frais suivant : **1 888 881-3666.**

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Correct pre-printed information if necessary using the corresponding boxes below:



0001	Legal name	0004	Number and street	
0002	Business name	0005	City	0006 Province or State
0003	C/O	0053	Country	0007 Postal code/Zip code
0008	First name of contact	0028	Last name of contact	
0052	Please report for:	0010	Language preference 1 <input type="radio"/> English 2 <input type="radio"/> French	

**A - Introduction**

**Survey Purpose**

This survey collects the financial and operating data needed to produce statistics concerning your industry. For more information on survey purpose, please consult the enclosed "Guidelines and Instructions" booklet.

**Confidentiality**

Statistics Canada is prohibited by law from publishing any statistics which would divulge information obtained from this survey that relates to any identifiable business. **The data reported on this questionnaire will be treated in strict confidence**, used for statistical purposes and published in aggregate form only. The confidentiality provisions of the *Statistics Act* are not affected by either the *Access to Information Act* or any other legislation.

Please return the completed questionnaire(s) in the enclosed envelope or fax it to Statistics Canada at **1 888 883-7999**, within **30 days** of receipt. For information about "Fax or Electronic Transmission Disclosure" please refer to the enclosed booklet "Guidelines and Instructions". Thank you.

**If you need further information or help, please call 1 888 881-3666.**

Name of the primary person completing this questionnaire:		0013			
0026		0054	First name		
1 <input type="radio"/> Mr. 2 <input type="radio"/> Mrs. 3 <input type="radio"/> Miss 4 <input type="radio"/> Ms.			Last name		
Title:	E-mail address:	Web site address:			
0014	0018	0020			
Telephone number:	Extension:	Fax number:	Date completed:		
0017 ( )	0027	0016 ( )	YYYY	MM	DD
Signature:			0015		
I certify that the information contained herein is complete and correct to the best of my knowledge.					