



# Annual Survey of Travel Arrangement and Reservation Services, 1999

▼ Reference number ▼

**Authority**

The survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, chapter S19.



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

001	Legal name	004	Number and street		
002	Business name	005	City	006	Province or State
003	C/o	053	Country	007	Postal code

**Please read carefully before completing the questionnaire**

**Coverage**

Please complete the questionnaire for the business unit(s) described in the pre-printed area above. For this purpose, a "business unit" is defined as the lowest level of the firm for which separate records are kept for such details as revenue, expenses and employment.

**Survey Objective**

The survey objective is the collection and publication of data necessary for the statistical analysis of the travel arrangement and reservation services industry. The information from the survey can be used by businesses and trade associations for market analysis and assessment of industry performance, operating characteristics and trends, by government to develop national and regional economic policies, by other users involved in research or policy making and by Statistics Canada for maintaining important data input to the preparation of the Canadian System of National Accounts.

**Confidentiality**

Statistics Canada is prohibited by law from publishing any statistics which would divulge information relating to any identifiable business without the previous written consent of that 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 by any other legislation.

**Questions and Return Procedures**

We ask that you complete and return questionnaire within 30 days of receipt to:

**Statistics Canada  
Operations and Integration Division  
2nd floor, Jean Talon Bldg, Ottawa, Ontario K1A 0T6**

This survey questionnaire can also be sent to Statistics Canada using the following facsimile communication: **1-888-605-2493**

Statistics Canada advises you that there could be a risk of disclosure during the facsimile communication process. However, upon receipt of your facsimile, Statistics Canada will provide the guaranteed level of protection afforded to all information collected under the authority of the Statistics Act.

If you have questions or require assistance in completing this questionnaire, please call our **toll free number: 1-800-916-9316** and a representative of Statistics Canada will gladly answer your queries.

**Duplicate Questionnaires**

If you receive more than one copy of this questionnaire for the same business, please complete the one that is correctly labelled and return it with the duplicate(s), writing "DUPLICATE" on the relevant form(s).

**Note of Appreciation**

Canada owes the success of its statistical system to a long-standing co-operation involving Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.



### 3. Reporting Period

Please report for the calendar year 1999 or for your most recent fiscal year ending no later than March 31, 2000.

This report covers **229** no. of months **231** ending

YYYY	MM	DD

**Period of Operation** If you did not operate this business for a full year, please check (✓) the reason below:

235 1  Seasonal operation  
 2  New business in 1999  
 3  Change of fiscal year end  
 4  Change of ownership (please provide name and address of the other owner)  
 045 \_\_\_\_\_

5  Ceased operation (please specify) 046 \_\_\_\_\_  
 6  Temporarily closed (please specify) 047 \_\_\_\_\_

Effective date of change **236**

YYYY	MM	DD

Please report for your 1999 fiscal year, as reported in section 3, on page 3.

### 4. Total Revenue

- Please report all answers in **Canadian dollars**.
- Please **exclude** GST and all other taxes collected by you for remittance to a government agency.

If your firm was active only as a **Travel Agency**, please complete only **Part I** below.  
 If your firm was active only as a **Tour Operator**, please complete only **Part II** below.  
 If your firm was active in **both types of business**, please complete both Parts I and II.

#### 4.1 Travel Agency Activity - Part I

a) <b>Gross value</b>	Dollars (omit cents)
Report the gross revenue from travel activities	<b>101</b>
- What is your best estimate of the percentage of the gross revenue from box 101 for each of the following:	Percent (%)
<b>Tour packages</b>	<b>097</b>
<b>Cruise package</b>	<b>098</b>
<b>Other activities</b>	<b>099</b>
<b>Total</b>	<b>100 %</b>
b) <b>Total Commission</b>	Dollars (omit cents)
Report the commissions earned from retail travel activity (e.g. sales of tour and cruise packages, accommodation, tickets, vehicle rentals and insurance)	<b>102</b>
- What is your best estimate of the percentage of total commission from box 102 for each of the following:	Percent (%)
<b>Tour packages</b>	<b>103</b>
<b>Cruise package</b>	<b>104</b>
<b>Transportation Fares</b> (e.g. air and rail tickets, including Eurail passes, boat and ferry bookings, including charters, etc.) Exclude fares that are part of tour or cruise packages.	<b>105</b>
<b>Accommodation</b> Exclude accommodation that is part of tour or cruise packages.	<b>106</b>
<b>Vehicle Rentals</b> Exclude rentals that are part of tour or cruise packages.	<b>107</b>
<b>Insurance Products</b> (e.g. health, baggage and cancellation insurance)	<b>108</b>
<b>Other Commissions</b> (e.g. attractions, travellers' cheques, etc.) please specify	<b>109</b>
064 _____	
<b>Total</b>	<b>100 %</b>

#### 4.I Travel Agency Activity - Part I - Concluded

	Dollars (omit cents)
c) <b>Revenue from other sales</b> Include sales of merchandise (e.g. guides, maps, passport photos, luggage, etc.) <i>please specify</i> 065 _____	110
d) <b>Service fees</b> Include non-commission charges to clients, e.g. research fees, long-distance telephone calls on behalf of customer, etc. <i>please specify</i> 066 _____	111
	112
e) <b>All Other Revenue</b> Include interest revenues, franchise fees and royalty payments received	130
f) <b>Total Revenue from retail travel agency activity</b> Must equal total dollar value of items b, c, d and e	

#### 4.II Tour Operator / Tour Wholesaler Activity - Part II

Please note that your costs for all units of travel purchased from a supplier (e.g. carrier, hotel, sightseeing operator, etc.) should be reported in Section 6.

a) <b>Total Package Revenue</b> Report the gross value of tour and cruise package sales	Dollars (omit cents)
	113
- <b>What is your best estimate of the percentage of the gross revenue from box 113 for each of the following:</b>	Percent (%)
<u>Tour packages</u>	114
<u>Cruise packages</u>	115
<u>Total</u>	100 %
b) <b>Tour Wholesale Revenue</b> If your establishment sold travel products (e.g. airline seat tickets, tour or cruise packages) to other travel agencies on a wholesale basis, report that revenue here.  Your costs for all units of travel which you sold as a wholesaler (e.g. purchases from tour operators, carriers, hotels, sightseeing operators, etc.) should be reported in Section 6.	Dollars (omit cents)
	120
- <b>What is your best estimate of the percentage of this revenue from each of the following:</b>	Percent (%)
<u>Tour packages</u>	116
<u>Cruise packages</u>	117
<u>Transportation Fares</u> (e.g. air and rail tickets, including Eurail passes, boat and ferry bookings, including charters, etc.) Exclude fares that are part of tour or cruise packages.	118
<u>Other Wholesale Travel Packages, Fares, etc.</u> <i>please specify</i> 067 _____	119
<u>Total</u>	100 %
c) <b>All Other Revenue</b> Include interest revenues, franchise fees and royalty payments received	Dollars (omit cents)
	121
d) <b>Total Revenue from Tour Operating / Wholesale Activity</b> Must equal total dollar value of items a, b and c	125

Please report for your 1999 fiscal year, as reported in section 3, on page 3.

### 5. Revenue by Destination

What is your best estimate of the percentage of your revenue from travel to:

**Canadian Destinations:**

- a) tour and cruise package
- b) all other travel to Canadians destinations

**American Destinations:**

- c) tour and cruise package travel
- d) all other travel to American destinations

**All Other travel to Foreign Destinations**

- e) tour and cruise package travel
- f) all other travel to others foreign

**Total (total of boxes must equal 100%)**

Percent (%)
131
132
133
134
135
136
<b>100 %</b>

### 6. To be completed by Tour Operators and Wholesalers Only

- a) Please report in Canadian dollars the total cost of all units of travel purchased from a supplier(s) (carrier, hotel, sightseeing, etc.) and all sub-contracted and purchased costs (including labour) which form part or whole of your total sales of tour packages, cruise packages, bookings, etc.
- b) Commission paid to travel agencies

Dollars (omit cents)
201
203

### 7. Client Base

Please report (estimate if necessary) the **percentage** of your revenue derived from the following clientele:

**Domestic Clients**

- a) Households or individual (for leisure purposes)
- b) Companies or individual (for business purposes)
- c) All levels of governments

**Foreign clients**

- d) All foreign visitors (for leisure or business purposes)

**Total (must add to 100%)**

Percent (%)
180
181
183
185
189 <b>100 %</b>

Please report (estimate if necessary) the **percentage** breakdown of revenue from sales to **foreign visitors** (Box 185 above) by their country of origin.

- U.S.
- U.K.
- France
- Germany
- Japan
- Other Foreign

**Total (must add to 100%)**

Percent (%)
401
402
403
404
405
406
407 <b>100 %</b>

## 8. Operating Expenses

- Please report all answers in **Canadian** dollars.
- Do not include capital expenditures.
- Please include GST, except the portion that is refundable by government.
- **If you prefer, you may attach a copy of your income statement and proceed to Section 9.**

	Dollars (omit cents)
a) Salaries and wages paid to employees for whom you issued a T4 supplementary form; include vacation pay, bonuses and commissions	160
b) Employee benefits paid for all employees for whom you issued a T4 supplementary form; include employer's contributions to pension, medical/life, employment insurance and workers' compensation plans	161
c) Rent and/or lease of land and buildings	162
d) Rent and/or lease of motor vehicles	163
e) Computer services purchased including rent/lease of computer equipment, data processing and software development	164
f) Rent and/or lease of other machinery and equipment	165
g) Repairs and maintenance	166
h) Legal, accounting, management and consulting fees	167
i) Advertising and sales promotion	168
j) Insurance	169
k) Taxes, permits and licenses <b>(exclude income taxes)</b>	170
l) Heat, light, power and water	171
m) Telephone, telecommunications, postage and courier fees	172
n) Travel and entertainment	173
o) Royalties and franchise fees	174
p) Depreciation and amortization	175
q) Interest expense	176
r) Office and all other supplies and materials used in the business <b>(do not include</b> supplies charged directly to customers – <b>include</b> those under Section 6)	177
s) All other operating expenses <b>excluding bad debts</b> . Include fees paid to contract workers. <i>(Please specify major items or attach a separate sheet)</i> 051 _____	178
t) <b>Total Operating Expenses</b> (sum of items (a) to (s) )	179

## 9. Employment

Please report the **average number** of persons employed by this firm during the 1999 reporting period.

- a) **Paid Employees**  
Employees to whom you paid salaries and wages as shown in Operating Expenses, (Section 8, Box 160)

- **Full-time Employees** Worked more than 30 hours per week
- **Part-time Employees** Worked less than 30 hours per week

- b) Working proprietors and/or working partners of unincorporated businesses

Full Year Employees (12 Months)	Part Year Employees (Seasonal)	Total Number
198	199	152
200	202	151
		153

## 10. Marketing Information

Please answer the following questions (as best you can), relating to the **marketing practices** of your establishment during the **1999** reporting period.

Please report which of the following advertising methods you used in **1999** to promote your business. Please check (✓) below where applicable (more than one box may be checked):

<input type="radio"/> Directories and Guide Listing	271
<input type="radio"/> Radio Ads	272
<input type="radio"/> Newspaper Ads	273
<input type="radio"/> Magazine Ads	274
<input type="radio"/> Television Ads	275
<input type="radio"/> Brochures	276
<input type="radio"/> Direct Mail	277
<input type="radio"/> Travel Information Offices	278
<input type="radio"/> Trade Shows/Market places	279
<input type="radio"/> Consumer Shows	280
<input type="radio"/> The Internet	281
<input type="radio"/> Sales trips	282
<input type="radio"/> Other (please specify) 068	283

Do you market your products in partnership with other business interests?

211 1  Yes 3  No

If yes, with which of the following agencies? (check as many as apply)

<input type="radio"/> Governments	212
<input type="radio"/> Industry associations	213
<input type="radio"/> Hotels	214
<input type="radio"/> Attractions	215
<input type="radio"/> Transportation companies	216
<input type="radio"/> Restaurants	217

### 11. Tour and Cruise Packages

If your firm reported revenue from the sales of tour packages or cruise packages (see Section 4) please answer the following:

A) Please report ( <i>estimate, if necessary</i> ) for 1999:	Number
a) the number of individual packages sold	259
b) average price in <b>Canadian dollars</b> per person of most popular package sold	Dollars (omit cents)
	260
B) Type of Package Sold	Percent (%)
Please estimate the <b>percentage</b> of your tour and cruise sales for each of the following products:	141
a) Adventure/Ecotours/Outdoor	142
b) City experience/touring	143
c) Cultural	144
d) Sports	145
e) Resorts	146
f) Learning/educational	147
g) Other ( <i>please specify</i> ) 069 _____	148
h) <b>Total</b> (must add to 100%)	100 %
C) Distribution Channels	Percent (%)
Please distribute as best as you can in percentages sales of your tour packages and cruises for the following distribution channels:	230
a) Direct sales	234
b) CRS Computer Reservations Systems (e.g. airline systems)	240
c) Other electronic information services (e.g. Check-Inns)	228
d) Other Wholesalers	232
e) Travel agencies	233
f) Company-owned retail outlets	246
g) The Internet	249
h) Alliance with other suppliers (e.g. transportation companies, hotels)	237
i) Direct to tour operators in foreign countries	238
j) Special interest groups (e.g. associations)	239
k) <b>Total</b> (must add to 100%)	100 %
D) Duration of Packages	
Please report ( <i>estimate, if necessary</i> ) the average duration of tour packages or cruises sold – check (✓) <b>one only</b>	241
a) <input type="radio"/> less than 1 week	242
b) <input type="radio"/> 1 to 2 weeks	243
c) <input type="radio"/> 2 to 3 weeks	244
d) <input type="radio"/> 3 to 4 weeks	245
e) <input type="radio"/> more than 1 month	
Based on your experience, in recent years, has the average duration of tour packages and cruises – check (✓) <b>one only</b>	251
a) <input type="radio"/> increased	252
b) <input type="radio"/> decreased	253
c) <input type="radio"/> not changed	



## 12. Tour Packages

If your firm reported revenue from the sales of tour packages (see Section 4 Part II) please answer the following:

Please report (*estimate, if necessary*) the **percentage** of your sales of tour packages derived from:

	Percent (%)
a) Escorted tours	221
b) Motorcoach tours	222
c) Independent tours	223
d) Special interest tours	224
e) Other (please specify) 070 _____	225
f) <b>Total</b> (must add to 100%)	226 100 %

Please report (*estimate, if necessary*) the **percentage** of revenue from tour packages occurring in:

	Percent (%)
a) Summer	254
b) Fall	255
c) Winter	256
d) Spring	257
e) <b>Total</b> (must add to 100%)	258 100 %

### 13. Provincial/Territorial Distribution

- Please report all answers in **Canadian dollars**
- Business unit is defined as the lowest level of the firm for which separate records are kept for such details as revenues, expenses and employment.

Number
024

- a) Please report the number of permanent business units operated in Canada during the reporting period.
- b) Do you have permanent business locations in **more** than one province or territory?

300    3  No – **Please go to Section 14**

1  Yes – **Please complete 13 (c)**

↓

- c) Please report the following data for the provinces or territories in which you have units.

Province or Territory	Business Units (Number)	Total Revenue \$ (omit cents)	Salaries, Wages and Employee Benefits \$ (omit cents)	Employees (Number)	Total Operating Expenses \$ (omit cents)
Nfld.	301	314	327	343	357
P.E.I.	302	315	328	344	358
N.S.	303	316	329	345	359
N.B.	304	317	330	346	360
Que.	305	318	331	347	361
Ont.	306	319	332	348	362
Man.	307	320	333	349	363
Sask.	308	321	334	350	364
Alta.	309	322	335	351	365
B.C.	310	323	336	352	366
Nunavut	340	341	342	353	367
N.W.T. (without Nunavut)	311	324	337	354	368
Yukon Territory	312	325	338	355	369
<b>Total</b>	313	326	339	356	370

Should equal Box 024, Section 13	Should equal the sum of items 4.1 (f) and 4.11 (d)	Should equal the sum of Boxes 160 and 161, Section 8	Should equal the sum of Boxes 151, 152 and 153, Section 9	Should equal Box 179, Section 8
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### 14. Certification

I certify that the information contained herein is complete and correct to the best of my knowledge.

Signature of authorized person	Title
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Name of person to contact for further information (please print)	
054 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	First Name
<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last Name
055	056

E-mail address 057	Company's Home Web page address (URL) 058
-----------------------	--

Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

How long did you spend collecting the data and completing this form?    801        hours

