



Annual Survey of Travel Arrangement Services, 2000

▼ Reference number ▼

Confidential when completed

Français au verso

Authority

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

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



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 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.

1. Business Activity

- a) Please describe the nature of your firm's business activity in 2000: 021 _____
- b) Has the principal business activity in 2000 changed from 1999? 022 Yes No
 ↓
 If yes, please provide details in the "Comments" section on page 11.
- c) Please check (✓) below the one industry which most accurately describes your firm's principal source of operating revenue.
- 023 561510 Travel Agencies Other (please specify) _____
 561520 Tour Operators 032 _____

2. Form of Organization

- a) Type of organization (please check **one** only):
- 027 1 Sole proprietorship 2 Partnership 3 Incorporated company 4 Co-operative
 5 Joint venture 6 Government business entity 7 Government 8 Non-profit
- b) Is the sole purpose of this business unit to provide services to your parent company, an affiliated company or a professional practice?
 025 1 Yes – **If yes**, please name the company or professional practice 033 _____
 3 No
- c) Please enter your nine-digit Business Number (if incorporated)
 034

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- d) Is this business affiliated with a:
 030 1 Chain (please specify) 059 _____
 2 Franchise (please specify) 060 _____
 3 Transportation firm (please specify) 061 _____
 4 Accommodation company (please specify) 062 _____
- e) Is this business member of a cooperative or consortium?
 042 1 Yes
 3 No
- f) Did this business unit participate in any joint venture(s) during the reporting period?
 A joint venture refers to a specific commercial undertaking entered into jointly by two or more parties or companies, who agree to contribute the necessary capital and share in profits or losses of the project in agreed proportions. The association terminates either upon completion of the undertaking or at a specific time.
 028 1 Yes – **If yes**, please go to g) 3 No – **If no**, please go to Question 3, Reporting Period
- g) Are detailed revenue and expenses for the business unit's share in the joint venture(s) included in this questionnaire?
 035 1 Yes 3 No
- h) Please provide the name of the joint venture. 036 _____
- i) Is this joint venture:
 037 1 Incorporated – **If incorporated**, please go to j) 3 Unincorporated – **If unincorporated**, please go to k)
- j) Business Number of joint venture (if incorporated) 038

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- k) If it is an unincorporated joint venture, please provide the length of time of the joint venture.
 039

YYYY	MM	DD

 040

YYYY	MM	DD

From _____ **To** _____
- l) Venture partner(s) and Business Number(s) (if incorporated)
- | Venture partner(s) | Business Number(s)
(if incorporated) | | | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|--|
| 041 _____ | 043 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> <td style="width: 15px; height: 15px;"></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | |

If you participated in more than one joint venture or if more space is required, please enclose a separate page.

3. Reporting Period

Please report information for your **most recent available 12-month fiscal period** ending between January 1, 2000 and March 31, 2001. Please indicate below the period covered by this questionnaire.

From 230

YYYY	MM	DD

 To 231

YYYY	MM	DD

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

235 Seasonal operation Ceased operation (please specify) 046 _____
 New business in 2000 Temporarily closed (please specify) 047 _____
 Change of fiscal year end
 Change of ownership (please provide name and address of the other owner)
 045 _____ Effective date of change ▶ 236

YYYY	MM	DD

Please report for your 2000 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) Gross value

Report the gross revenue from travel activities

Dollars (omit cents)
101

– What is your best estimate of the percentage of the gross revenue from box 101 for each of the following:

Tour packages

Percent (%)
097

Cruise packages

098

Other activities

099

Total

100 %

b) Total Commission

Report the commissions earned from retail travel activity (e.g. sales of tour and cruise packages, accommodation, tickets, vehicle rentals and insurance)

Dollars (omit cents)
102

– What is your best estimate of the percentage of total commission from box 102 for each of the following:

Tour packages

Percent (%)
103

Cruise packages

104

Transportation Fares (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.

105

Accommodation Exclude accommodation that is part of tour or cruise packages.

106

Vehicle Rentals Exclude rentals that are part of tour or cruise packages.

107

Insurance Products (e.g. health, baggage and cancellation insurance)

108

Other Commissions (e.g. attractions, travellers' cheques, etc.) *please specify*

109

064 _____

Total

100 %

4.I Travel Agency Activity - Part I - Concluded

	Dollars (omit cents)
c) Revenue from other sales Include sales of merchandise (e.g. guides, maps, passport photos, luggage, etc.) <i>please specify</i> 065 _____	110
d) Service fees 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
e) All Other Revenue Include interest revenues, franchise fees and royalty payments received	112
f) Total Revenue from retail travel agency activity Must equal total dollar value of items b, c, d and e	130

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.

	Dollars (omit cents)
a) Total Package Revenue Report the gross value of tour and cruise package sales	113
- What is your best estimate of the percentage of the gross revenue from box 113 for each of the following:	Percent (%)
Tour packages	114
Cruise packages	115
Total	100 %
b) Tour Wholesale Revenue 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
- What is your best estimate of the percentage of this revenue from each of the following:	Percent (%)
Tour packages	116
Cruise packages	117
Transportation Fares (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
Other Wholesale Travel Packages, Fares, etc. <i>please specify</i> 067 _____	119
Total	100 %
c) All Other Revenue Include interest revenues, franchise fees and royalty payments received	Dollars (omit cents) 121
d) Total Revenue from Tour Operating / Wholesale Activity Must equal total dollar value of items a, b and c	125

Please report for your 2000 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
100 %

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
189 100 %

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
407 100 %

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 (exclude income taxes)	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 (do not include supplies charged directly to customers – include those under Section 6)	177
s) All other operating expenses excluding bad debts . Include fees paid to contract workers. (<i>Please specify major items or attach a separate sheet</i>)	178
051 <input type="text"/>	179
t) Total Operating Expenses (sum of items (a) to (s))	

9. Employment

Please report the **average number** of persons employed by this firm during the 2000 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 **2000** reporting period.

Please report which of the following advertising methods you used in **2000** 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 2000:		Number
a) the number of individual packages sold		259
b) average price in Canadian dollars per person of most popular package sold		Dollars (omit cents)
		260
B) Type of Package Sold Please estimate the percentage of your tour and cruise sales for each of the following products:		Percent (%)
a) Adventure/Ecotours/Outdoor		141
b) City experience/touring		142
c) Cultural		143
d) Sports		144
e) Resorts		145
f) Learning/educational		146
g) Other (<i>please specify</i>) 069 _____		147
h) Total (must add to 100%)		148 100 %
C) Distribution Channels Please distribute as best as you can in percentages sales of your tour packages and cruises for the following distribution channels:		Percent (%)
a) Direct sales		230
b) CRS Computer Reservations Systems (e.g. airline systems)		234
c) Other electronic information services (e.g. Check-Inns)		240
d) Other Wholesalers		228
e) Travel agencies		232
f) Company-owned retail outlets		233
g) The Internet		246
h) Alliance with other suppliers (e.g. transportation companies, hotels)		249
i) Direct to tour operators in foreign countries		237
j) Special interest groups (e.g. associations)		238
k) Total (must add to 100%)		239 100 %
D) Duration of Packages Please report (<i>estimate, if necessary</i>) the average duration of tour packages or cruises sold – check (✓) one only		
a) less than 1 week	241	<input type="radio"/>
b) 1 to 2 weeks	242	<input type="radio"/>
c) 2 to 3 weeks	243	<input type="radio"/>
d) 3 to 4 weeks	244	<input type="radio"/>
e) more than 1 month	245	<input type="radio"/>
Based on your experience, in recent years, has the average duration of tour packages and cruises – check (✓) one only		
a) increased	251	<input type="radio"/>
b) decreased	252	<input type="radio"/>
c) not changed	253	<input type="radio"/>

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

	Percent (%)
	254
a) Summer	255
b) Fall	256
c) Winter	257
d) Spring	258
e) Total (must add to 100%)	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 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
Total	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 Mr. Mrs. First Name _____ Last Name _____

Miss Ms. 055 _____ 056 _____

E-mail address 057	Company's Home Web page address (URL) 058
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Date	Day	Month	Year	Area code	Telephone number	Ext.	Fax

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

Comments

If more space is required please enclose a separate sheet.

For information only

Federal Provincial Agreements
 In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements with the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS in accordance with Section 11 of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. For establishments and/or business locations operated in Quebec, Manitoba and British Columbia, the agreements authorize Statistics Canada to forward a record of the data collected in this survey to the Quebec Bureau of Statistics, the Manitoba Bureau of Statistics and BC STATS, respectively. The Statistics Acts of these provinces includes the same provisions for confidentiality and penalties for disclosure of information as the federal Statistics Act.

Statistics Canada's publications are available for use in Statistics Canada's regional offices and all major libraries. As well, please visit our web site at www.statcan.ca

Please make a copy of
this completed questionnaire
for your records.

Thank You For Your Co-operation