

**1a. Was this trip part of a package?**

No

Yes

**Which of the following did your package include?**

- Airfare
  - Rental car
  - Tour escort for entire trip
  - Cruise
  - Intercity bus/Coach transportation
  - Commercial guided tours
  - Commercial lodging
- How many nights lodging were included?**

nights

**1b. What is the approximate cost of your prepaid package?**

**Please give your answer in U.S. dollars or your own country's currency.**

\$

Select Country of Currency, if NOT in USA dollars for above:

NR

**2. About your trip expenditures -- please estimate the amount of money spent for the following items.** Please remember your name is not on this form.

Your cooperation in completing this important question is appreciated.

a. Please estimate how much money you spent **outside your own country**. **Do not include** those items which were covered in the package mentioned in 2b above. \$

b. Country of currency used for estimate

c. How many people are covered by this expenditure estimate?  people  
Specify TOTAL number of people.

d. What was the total cost of your international air travel tickets? \$   
 Click here if you don't know the cost or if the cost was included in a package.

e. How much did you spend at the airport of your USA departure? \$

R

**2. About your trip expenditures -- please estimate the amount of money spent for the following items.** Please remember your name is not on this form.  
Your cooperation in completing this important question is appreciated.

a. Please estimate how much money you spent **outside the USA**.  
**Do not include** those items which were covered in the package \$   
mentioned in 2b above.

b. Country of currency used for estimate

c. How many people are covered by this expenditure estimate?  
Specify TOTAL number of people.  people

d. What was the total cost of your international air travel tickets? \$   
 Click here if you don't know the cost

e. How much did you spend at the airport of your USA departure? \$

NR

**3. IN ORDER OF VISIT, list the principal places visited in the United States on this trip and indicate the number of nights at each place. Under number nights, if you did not stay overnight at a place visited, enter "0". Under the section for type of lodging, check the appropriate space. Also, please estimate your total spending in each destination.**

		<u>Type of Lodging</u>			Total Spending in Dest.		
		Number of Nights	Hotel/ Motel	Private Home		Other	
1.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	State	Select a U.S. State ▼					
2.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	State	Select a U.S. State ▼					
3.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	State	Select a U.S. State ▼					
4.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	State	Select a U.S. State ▼					
5.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	State	Select a U.S. State ▼					
6.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	State	Select a U.S. State ▼					
7.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	State	Select a U.S. State ▼					
Total Nights:			<input type="text" value="0"/>	Total Spending:			<input type="text" value="0"/>

R

**3. IN ORDER OF VISIT, list the principal places visited on this trip outside the USA and indicate the number of nights at each place. Under number nights, if you did not stay overnight at a place visited, enter "0". Under the section for type of lodging, check the appropriate space. Also, please estimate your total spending in each destination.**

		Number of Nights	<u>Type of Lodging</u>			Total Spending in Dest.	
			Hotel/ Motel	Private Home	Other		
1.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	Country	<input type="text" value="Select a Country"/>					
2.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	Country	<input type="text" value="Select a Country"/>					
3.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	Country	<input type="text" value="Select a Country"/>					
4.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	Country	<input type="text" value="Select a Country"/>					
5.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	Country	<input type="text" value="Select a Country"/>					
6.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	Country	<input type="text" value="Select a Country"/>					
7.	Destination (City/Attraction)	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>
	Country	<input type="text" value="Select a Country"/>					
		Total Nights:	<input type="text" value="0"/>	Total Spending:		<input type="text" value="0"/>	

**4. Of the total spending/expenditure given in Question 3 above, please estimate how much was for each of the following?** (Please give us whole number estimates below)

- 1. Transportation  %
  - 2. Lodging  %
  - 3. Foods and beverages  %
  - 4. Gifts, souvenirs and other purchases  %
  - 5. Entertainment and recreation  %
  - 6. Other spending (if any)  %
- Must total 100%:  %

Your Total Expenditures Given are:

**5. Please tell us about how you paid for your expenses on this trip:**

- Credit Cards  %
  - Traveler's Checks  %
  - Debit Cards  %
  - Cash  %
- Must total 100%  %

## **SURVEY OF INTERNATIONAL AIR TRAVELERS**

Your follow-up survey has been successfully submitted!

**Thank you** for taking the time to fill out our very important survey!

[Click here](#) to visit the OTTI Website