TOUR OPERATORS SURVEY

1. NAME OF TOUR OPERATOR_____

2. PHYSICAL ADDRESS_____

3. COUNTRY_____

4. PROVINCE_____

5. HOW OFTEN DO YOU BRING VISITORS TO LESOTHO

a. WEEKLY **b. MONTLHY** **c. ANNUALLY** **d. DAILY**

6. NUMBER OF VISITORS

7. HOW MANY NIGHTS ARE YOU GOING TO SPEND IN LESOTHO

8. WHERE WILL YOU BE STAYING IN LESOTHO_____

9. WHICH ATTRACTIONS ARE YOU GOING TO VISIT WHILE IN LESOTHO

_____

10. NUMBER OF VISITORS, THEIR AGE, SEX AND COUNTRY OF RESIDENCE PER TOUR

COUNTRY OF RESIDENCE	NUMBER

AGE GROUP	MALE	FEMALE
< 20 years		
20 – 29		
30 – 39		
40 -49		
50 -99		
60+		

11. HOW DID YOUR VISITORS KNOW ABOUT LESOTHO _____

THANK YOU , ENJOY YOUR STAY IN THE KINDOM IN THE SKY!!!!