

MENDELSSOHN CUSTOMS AND TRANSPORTATION SERVICES

MENDELSSOHN EVENT LOGISTICS has been appointed as official customs broker and transportation provider for the **Sixth Worldwide Air Transport Conference, March 18-22, 2013**. They will advise on how best to ship goods and will assist exhibitors in the completion of customs documents. For your convenience, you may download all forms from their website: www.mend.com

FOR CUSTOMS AND TRANSPORTATION INQUIRIES PLEASE CONTACT

Mr. Glen Anderson

ganderson@mend.com

Tel: 514-987-2700 ext. 22

Fax: 514-849-3446

Cell: 514-240-7499 (24hrs)

HAND CARRYING or PRIVATE VEHICLE

For exhibitors who will be arriving by plane or in a private vehicle with their goods, it is necessary that you notify Mendelsohn six weeks in advance so that the proper documentation (PAPS) can be prepared for the appropriate border crossing.

☞ Prior to shipping your goods, please fax all appropriate customs documents to their office at **514-849-3446**.

A Mendelsohn representative will be on-site for your convenience.

ALL SHIPMENTS MUST BE LABELED AS FOLLOWS

For shipments to ADVANCE WAREHOUSE crated material / common carrier
Exhibitor's Name and Booth:
C/O Mendelsohn C/O GES CANADA / Clarkson-Conway Sixth Worldwide Air Transport Conference Lamcar Warehouse 4405 Bois Franc, # 7-8-9 St-Laurent, Qc H4S 1A8 Canada
Please notify Mendelsohn Event Logistics for Customs Clearance 514 987-2700

The Customs Order Form (COF) Canada Customs Invoice (CCI) and Shipment Order Form (SOF) must be faxed to the Mendelsohn office prior to shipping to this exhibition fax: 514-849-3446.

COF: Customs Order Form: Mandatory for customs clearance. Without this document Mendelsohn does not have authorization to clear shipments. This form also gives the coordinator all the information for the return shipment. This should be faxed into Mendelsohn Event Logistics once completed.

CCI: Canada Customs Invoice: is the **mandatory** document for anyone shipping exhibit/registration material. Three (3) copies should accompany the shipment please either provide to the driver picking up your material or tape them onto the shipment. This document must be faxed into Mendelsohn once completed. Please write **Notify Mendelsohn Event Logistics** for customs clearance in box 4 of this document.

SOF: To receive transportation quote please complete and fax back to our office.

Order Form

Customs and
Transportation Services

MENDELSSOHN
EVENT LOGISTICS

The original of this form must be completed to ensure Customs Clearance.
Please accept this as your authority for Customs Clearance and / or Transportation Services.

We wish to use Mendelssohn Event Logistics services for: (please check one)

☐ Customs Clearance and Transportation
(Shipment Order Form Required)

☐ Customs Clearance Only

☐ Transportation Only
(Shipment Order Form Required)

Section 1 Exhibitor and Shipment Information

Exhibitor / Company Name:

U.S. Tax # or U.S. IRS Identification:

Event Name:

Facility Name:

Event Date/s:

Booth #:

Shipment Date:

From (City, State):

Carrier Name:

It Consists Of (# of Cartons, etc.):

Weight: ☐ lbs ☐ kgs

Rep At The Event:

E-Mail:

Cell Phone Number:

Please do not ship via post or parcel courier – we will not be responsible for timely delivery

Section 2 Return Shipment Consignment Information

Company Name:

Address:

City:

Province / State:

Postal/Zip:

Name:

Tel:

Fax:

Ship Via:

☐ Common Carrier

☐ Our Company Vehicle

☐ Van Line Service

☐ Air Freight Service

Section 3 Terms of Payment and Security Deposit (Must be completed)

Credit Card Information must be completed

Charge to:

☐ Visa

☐ MasterCard

☐ American Express

Cardholder Name:

Title:

Card Account Number:

Expiry Date:

Cardholder's Signature: _____

☐ I hereby authorize the use of this credit card for payment of services relative to this order form.

Alternative methods of payment are bank wire transfer or pre-payment on credit card (Receipt 10 days prior to event).

****NOTE:** A 2% administrative fee (minimum \$25.00) will be charged for all credit card declines.

Section 4 Invoicing/Statement Information

Company Name:

Address:

City:

Province/State:

Postal/Zip:

Name:

Tel:

Fax:

This document was completed by (Please print full name):

Title:

Date:

Order Form

Customs and
Transportation Services

MENDELSSOHN
EVENT LOGISTICS

The original of this form must be completed to ensure Customs Clearance.
Please accept this as your authority for Customs Clearance and / or Transportation Services.

We wish to use Mendelssohn Event Logistics services for: (please check one)

☒ Customs Clearance and Transportation
(Shipment Order Form Required)

☐ Customs Clearance Only

☐ Transportation Only
(Shipment Order Form Required)

Section 1 Exhibitor and Shipment Information

Exhibitor / Company Name: ABC Distributing Company

U.S. Tax # or U.S. IRS Identification: 10-9999999

Event Name: International Computing Event

Facility Name: Event Facility Event Date/s: Apr 14/07 - Apr 17/07 Booth #: 234

Shipment Date: Apr 3/07 From (City, State): Chicago, IL Carrier Name: Mendelssohn Event Logistics

It Consists Of (# of Cartons, etc.): 11 Weight: 300 ☒ lbs ☐ kgs

Rep At The Event: Joe Smith E-Mail: jsmith@domain.com Cell Phone Number: 416-555-1234

Please do not ship via post or parcel courier – we will not be responsible for timely delivery

Section 2 Return Shipment Consignment Information

Company Name: ABC Distributing Company

Address: 125 Elm Street

City: Chicago Province / State: IL Postal/Zip: 66666-6666

Name: Sandy Smith Tel: 708-555-1212 Fax: 708-555-2222

Ship Via: ☒ Common Carrier ☐ Our Company Vehicle ☐ Van Line Service ☐ Air Freight Service

Section 3 Terms of Payment and Security Deposit (Must be completed)

Credit Card Information must be completed

Charge to: ☒ Visa ☐ MasterCard ☐ American Express

Cardholder Name: Joe Smith Title: Accounting Manager

Card Account Number: 123456789012 Expiry Date: 12/09

Cardholder's Signature: Joe Smith

☒ I hereby authorize the use of this credit card for payment of services relative to this order form.

Alternative methods of payment are bank wire transfer or pre-payment on credit card (Receipt 10 days prior to event).

**NOTE: A 2% administrative fee (minimum \$25.00) will be charged for all credit card declines.

Section 4 Invoicing/Statement Information

Company Name: ABC Distributing Company

Address: 125 Elm Street

City: Chicago Province/State: IL Postal/Zip: 66666-6666

Name: Joe Smith Tel: 708-555-1200 Fax: 708-555-1201

This document was completed by (Please print full name): Joe Smith

Title: Accounting Manager Date: March 14, 2007



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

Page of/de

1 Vendor (Name and Address) /Vendeur (Nom et Adresse)		2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada		
4 Consignee (Name and Address) /Destinataire (Nom et Adresse)		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)		
		5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) No sale involved		
		6 Country of Transhipment / Pays de transborderment N/A		
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles? YES ☐ OUI NO ☒ NON		7 Country of Origin of Goods Pays d'origine des marchandises		If shipment includes goods of different origins, enter origins against items in field 12. Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.
		9 Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.) No sale involved		
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada		10 Currency of Settlement / Devises du paiement		
11 No. of Pkgs. Nbre. De Coils	12 Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality) Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)	13 Quantity (State Unit) Quantité (Préciser l'unité)	Replacement Value Valeur de Remplacement	
			14 Unit Price Prix Unitaire	15 Total
XI.1 Total Number of Pieces / Nombre total de pièces				
18 If any fields of 1 to 17 are included on an attached commercial invoice, check this box Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case Commercial Invoice No. / No. De la facture commerciale _____ ☐		16 Total Weight / Poids total		17 Invoice Total Total de la facture
		Net N/A	Gross / Brut	
19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur) Name: Tel: Fax:		20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse) Name: Tel: Fax:		
21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A		22 If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette case ☒		
23	24	25		



CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

Page 1 of/de 1

1 Vendor (Name and Address) / Vendeur (Nom et Adresse) ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666		2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada 4/3/2007		
4 Consignee (Name and Address) / Destinataire (Nom et Adresse) ABC Distributing Company / Booth 234 International Computing Event c/o Event Facility 100 Anywhere Street Toronto, ON M7W 2P6		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur) 10-9999999		
		5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) No sale involved		
		6 Country of Transshipment / Pays de transborderment N/A		
		7 Country of Origin of Goods Pays d'origine des marchandises USA	If shipment includes goods of different origins, enter origins against items in field 12. Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.	
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles? YES ☐ OUI NO ☒ NON		9 Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignment, location de marchandises, etc.) No sale involved		
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada Mendelssohn Event Logistics, Chicago, IL		10 Currency of Settlement / Devises du paiement USD		
11 No. of Pkgs. Nmbre. De Coillis	12 Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality) Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)	13 Quantity (State Unit) Quantité (Préciser l'unité)	Replacement Value Valeur de Remplacement	
			14 Unit Price Prix Unitaire	
			15 Total	
2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets)	1	\$5000.00	\$5000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technical Literature	1000	\$0.10	\$100.00
1 pc	Carton - Plastic Key Chains	50	\$0.50	\$25.00
1 pc	Carton - Books	50	\$1.00	\$50.00
3 pcs	Crates - Computers	3	\$1000.00	\$1000.00
2 pcs	Crates - Computer Monitors	2	\$500.00	\$1000.00
XI.1 Total Number of Pieces / Nombre total de pièces 11				
18 If any fields of 1 to 17 are included on an attached commercial invoice, check this box Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case Commercial Invoice No. / No. De la facture commerciale ☐		16 Total Weight / Poids total		17 Invoice Total Total de la facture \$7,175.00
		Net N/A	Gross / Brut 300 lbs	
19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur) Name: Tel: Fax:		20 Originator (Name and Address) Expéditeur d'origine (Nome et adresse) ABC Distributing Company Name: Joe Smith 125 Elm Street Tel: 708-555-1212 Chicago, IL Fax: 708-555-1201 66666-6666		
21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A		22 If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette case ☒		
23	24	25		

Shipment Order Form

Customs and
Transportation Services

Tel: (514)987-2700
Toll Free: (800)665-4628
Fax: (514)849-3446

MENDELSSOHN
EVENT LOGISTICS

To obtain a quotation for Mendelssohn Event Logistics Transportation Services, please complete this form and fax to (514)849-3446.

Section 1 Pick-Up Information

Shipper:

Address:

City: State: Zip:

Contact: Tel: Fax:

Hours of Operation: Dock: ☐ Yes ☐ No Lift Gate Required: ☐ Yes ☐ No

Inside Pick-Up: ☐ Yes ☐ No Pick-Up Date: To Arrive By:

Section 2 Freight Information

COMMODITY: Exhibit Related Articles

# of Pieces	Box/Crate/etc.	Length	Width	Height	Per Piece
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:

Total Weight:

Section 3 Event Information

Event Name:

Event Location:

Consignee / Exhibitor Name: Booth #:

Address:

- Upon receipt of this completed form, Mendelssohn Event Logistics Transportation Services will issue a quotation based on the information provided.
- In order to book your pick-up, the quotation must be signed and faxed back to (514)987-3446.
- All quotations provided by Mendelssohn Event Logistics Transportation Services are for Transportation ONLY and DO NOT include Customs Brokerage Charges.
- To receive a quotation for Customs Brokerage Charges and/or Cargo Insurance, a Canada Customs Invoice/Commercial Invoice must be provided.

Shipment Order Form

Customs and
Transportation Services

Tel: (514)987-2700
Toll Free: (800)665-4628
Fax: (514)849-3446

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EVENT LOGISTICS

To obtain a quotation for Mendelssohn Event Logistics Transportation Services, please complete this form and fax to (514)849-3446.

Section 1 Pick-Up Information

Shipper: ABC Distributing Company

Address: 125 Elm Street

City: Chicago

State: IL

Zip: 66666

Contact: Joe Smith

Tel: 708-555-1212

Fax: 708-555-2222

Hours of Operation: 9:00 am - 5:00 pm

Dock: ☒ Yes ☐ No

Lift Gate Required: ☐ Yes ☒ No

Inside Pick-Up: ☐ Yes ☒ No

Pick-Up Date: April 3/07

To Arrive By: April 9/07

Section 2 Freight Information

COMMODITY: Exhibit Related Articles

# of Pieces	Box/Crate/etc.		Length	Width	Height		Per Piece
7	Crates	@ Dimensions Each:	22	13	18	@ Weight Each:	27 lbs
4	Cartons	@ Dimensions Each:	12	12	12	@ Weight Each:	28 lbs
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	

Total Weight: 301 lbs

Section 3 Event Information

Event Name: International Computing Event

Event Location: Event Facility

Consignee / Exhibitor Name: ABC Distributing Company

Booth #: 234

Address: 100 Anywhere Street

Toronto, ON

M7W 2P6

- Upon receipt of this completed form, Mendelssohn Event Logistics Transportation Services will issue a quotation based on the information provided.
- In order to book your pick-up, the quotation must be signed and faxed back to (514)849-3446.
- All quotations provided by Mendelssohn Event Logistics Transportation Services are for Transportation ONLY and DO NOT include Customs Brokerage Charges.
- To receive a quotation for Customs Brokerage Charges and/or Cargo Insurance, a Canada Customs Invoice/Commercial Invoice must be provided.