

## MENDELSSOHN CUSTOMS AND TRANSPORTATION SERVICES

**MENDELSSOHN EVENT LOGISTICS** has been appointed as official customs broker and transportation provider for the **ICAO Air Transport Symposium**. 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](http://www.mend.com)

FOR CUSTOMS AND TRANSPORTATION INQUIRIES PLEASE CONTACT

**Mr. Glen Anderson**

[ganderson@mend.com](mailto: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 Mendelssohn 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 Mendelssohn representative will be on-site for your convenience.***

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

COF: Customs Order Form: Mandatory for customs clearance. Without this document Mendelssohn 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 Mendelssohn 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 Mendelssohn once completed. Please write **Notify Mendelssohn 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 DOUANES CANADIENNES**

<p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p>	<p>2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada</p> <p>3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)</p>
<p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p>	<p>5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) <b>No sale involved</b></p> <p>6 Country of Transshipment / Pays de transbordement <b>N/A</b></p> <p>7 Country of Origin of Goods Pays d'origine des marchandises</p> <p style="font-size: small;">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.</p>
<p>VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?</p> <p>YES <input type="checkbox"/> OUI                      NO <input checked="" type="checkbox"/> NON</p>	<p>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.) <b>No sale involved</b></p>
<p>8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada</p>	<p>10 Currency of Settlement / Devises du paiement</p>

11	No. of Pkgs. Nbre. De Collis	12	13	14	15
		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)	Quantity (State Unit) Quantité (Préciser l'unité)	Unit Price Prix Unitaire	Total
				Replacement Value Valeur de Remplacement	

<p>XI.1 Total Number of Pieces / Nombre total de pièces</p>	<p>16 Total Weight / Poids total</p> <p>Net <input type="checkbox"/> <b>N/A</b>      Gross / Brut</p>
<p>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</p> <p>Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/></p>	<p>17 Invoice Total Total de la facture</p>

<p>19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)</p> <p style="text-align: center;">Name: Tel: Fax:</p>	<p>20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)</p> <p style="text-align: center;">Name: Tel: Fax:</p>
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<p>21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu)      <b>N/A</b></p>	<p>22 If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette case      <input checked="" type="checkbox"/></p>	
<p>23</p>	<p>24</p>	<p>25</p>



**CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES**

<p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p> <p><b>ABC Distributing Company</b>  <b>125 Elm Street</b>  <b>Chicago, IL</b>  <b>66666-6666</b></p>	<p>2 Date of Direct Shipment to Canada / Date d'expédition directe vers le Canada  <b>4/3/2007</b></p> <p>3 Other References (Include Purchaser's Order No.) / Autres références (inclure le no de commande de l'acheteur)  <b>10-9999999</b></p>
<p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p> <p><b>ABC Distributing Company / Booth 234</b>  <b>International Computing Event</b>  <b>c/o Event Facility</b>  <b>100 Anywhere Street</b>  <b>Toronto, ON</b>  <b>M7W 2P6</b></p>	<p>5 Purchaser's Name and Address (if other than Consignee) / Nom et Adresse de l'acheteur (s'il diffère du destinataire)  <b>No sale involved</b></p> <p>6 Country of Transshipment / Pays de transbordement  <b>N/A</b></p>
<p>VII. 1 Is this a related company transaction? / Est-ce que les compagnies sont liées entre elles?  <b>YES <input type="checkbox"/> OUI                      NO <input checked="" type="checkbox"/> NON</b></p>	<p>7 Country of Origin of Goods / Pays d'origine des marchandises  <b>USA</b></p> <p style="font-size: small;">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.</p>
<p>8 Transportation: Give Mode and Place of Direct Shipment to Canada / Transport: Préciser mode et lieu d'expédition directe vers le Canada  <b>Mendelssohn Event Logistics, Chicago, IL</b></p>	<p>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.)  <b>No sale involved</b></p> <p>10 Currency of Settlement / Devises du paiement  <b>USD</b></p>

11 No. of Pkgs. Nmbre. De Coills	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)	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

<p>XI.1 Total Number of Pieces / Nombre total de pièces <b>11</b></p>	<p>16 Total Weight / Poids total</p>	<p>17 Invoice Total / Total de la facture  <b>\$7,175.00</b></p>
<p>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</p> <p>Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/></p>		<p>Net / Gross / Brut  <b>N/A / 300 lbs</b></p>

<p>19 Exporter's Name and Address (if other than Vendor) / Nom et adresse de l'exportateur (s'il diffère du vendeur)</p> <p>Name: _____          Tel: _____          Fax: _____</p>	<p>20 Originator (Name and Address) / Expéditeur d'origine (Nome et adresse)</p> <p><b>ABC Distributing Company</b> Name: <b>Joe Smith</b>  <b>125 Elm Street</b> Tel: <b>708-555-1212</b>  <b>Chicago, IL</b> Fax: <b>708-555-1201</b>  <b>66666-6666</b></p>
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<p>21 Departmental Ruling (if applicable) / Décision ministérielle (s'il y a lieu) <b>N/A</b></p>	<p>22 If fields 23 to 25 are not applicable, check this box / Si les zones 23 à 25 sont sans objet, cocher cette case <input checked="" type="checkbox"/></p>	
23	24	25

# Shipment Order Form

Customs and  
Transportation Services

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

# MEDELSSOHN 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

# 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: 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: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lift Gate Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inside Pick-Up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	

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.