



CONSULTEXPO

ConsultExpo Event Services Inc.
 16, Westminster Suite 304B
 Montreal-West, Qc H4X 1Z1
 Tel: 514-482-8886
 Fax: 888-629-9008

CONSULTEXPO CUSTOMS BROKERAGE AND SHIPPING SERVICES

ConsultExpo Inc., Customs and Shipping services has been selected as official Customs Broker and International shipping provider for the **13TH ICAO TRIP SYMPOSIUM, OCTOBER 24-26, 2017**. ConsultExpo will be pleased to assist with all your customs and shipping needs. For your convenience, you may download their forms from www.consultexpoinc.com. Their forms are also included in this guide. For a personalized service, please contact:

John Santini, Director of Operations
Tel: 514-482-8886 ext. 1
Mobile: 514-709-0781
Fax : 888-629-9008
Email: johns@consultexpoinc.com

LABELLING AND SHIPPING INSTRUCTIONS

ALL SHIPMENTS SHOULD BE ADDRESSED AND LABELLED TO THE EVENT'S ADVANCE RECEIVING WAREHOUSE AS FOLLOWS:

EXHIBITOR NAME:
EXHIBITOR BOOTH #
13TH ICAO TRIP SYMPOSIUM, OCTOBER 24-26, 2017
C/O GES CANADA / YRC FREIGHT
1725 CHEMIN ST FRANCOIS DORVAL, QC H9P 2S1

****If shipping via your own carrier, please note that you will still require customs clearance services**.**
 Please complete the **ConsultExpo Order Form** and **Canada Customs Invoice** and return to their office prior to shipping and provide them with your shipment's tracking number**.

HAND CARRY OR PRIVATE VEHICLE

For Exhibitors who will be arriving by plane or plan on carrying exhibit material with them on their flight to Montreal, it is important to notify ConsultExpo a minimum of four weeks in advance so the necessary documentation can be provided to your for customs clearance.



CUSTOMS & TRANSPORTATION SERVICES ORDER FORM

Fax or Email Forms to: 1-888-629-9008 - info@consultexpoinc.com - Tel:514-482-8886

Show / Event Name: _____ **Show / Event Dates:** _____

Services Required (Please select one):
 Customs Clearance and Shipping Services
 Custom Clearance Only
 Shipping Only

SHIPPER INFO (SHIPPING FROM)		
Company Name:		
IRS#		
Address:		
City:	State/Prov:	Zip/Post:
Contact Name:	Tel:	
Email:	Fax:	

DELIVERY INFO (GOING TO)		
Company Name:	Booth#	
Venue Name:		
Address:		
City:	State/Prov:	Zip/Post:
On-site Contact Name:	Cell:	
Email:		

RETURN SHIPPING INFORMATION			SAME AS SHIPPER
Company Name:			
IRS#			
Address:			
City:	State/Prov:	Zip/Post:	
Contact Name:	Tel:		
Email:	Fax:		

INVOICING INFORMATION			SAME AS SHIPPER
Company Name:			
IRS#			
Address:			
City:	State/Prov:	Zip/Post:	
Contact Name:	Tel:		
Email:	Fax:		

TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)			
Charge to:	VISA	MASTERCARD	AMEX
Cardholder Name:	Title:		
Credit Card Number:	CVV:	Expiry Date:	
I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 20% surcharge (minimum \$50.00).			
Cardholder Signature:	Date:		

SHIPMENT INFORMATION			
Carrier Name (If not using ConsultExpo):	Carrier Contact Name:		
Carrier Contact Tel:	Carrier Contact Email:		
Pick-up Date:	Hours of Operation:		
Delivery Date:	Delivery Time:		

# of Pieces	Type of Pieces (Box / Crate / Skids, etc.)	Length (Inches)	X	Width (Inches)	X	Height (Inches)	@ Weight (LBS) Each	Per Piece (LBS)	Total (LBS)
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
Total Pieces								Total Weight	

Requested Service Level: Air Freight 2nd Day Expedited Ground / Truck
 Additional Services Required: Lift Gate Inside Pick Up / Delivery Special Service (Please Specify)

Cargo Insurance / Declared Value
 This shipment is covered under basic carrier liability, directly with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with ConsultExpo Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact ConsultExpo Inc. for more information on Cargo Insurance.

Terms and conditions
 This order is placed with the specific understanding that we hereby release ConsultExpo Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled: 1) ConsultExpo Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) ConsultExpo Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) ConsultExpo Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) ConsultExpo Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. ConsultExpo Inc shall not be responsible for AMPS penalties.

CLIENT SIGNATURE	I have Read and agree to the terms of this contract.
Signature:	
Name:	
Title:	
Date:	

ACCEPTED BY CONSULTEXPO	
Signature:	
Name:	
Title:	
Date:	



CUSTOMS & TRANSPORTATION SERVICES ORDER FORM

Fax or Email Forms to: 1-888-629-9008 - info@consultexpoinc.com - Tel:514-482-8886

Show / Event Name: INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022 Show / Event Dates: SEPTEMBER 22-25

Services Required (Please select one):

- Customs Clearance and Shipping Services
 Custom Clearance Only
 Shipping Only

SHIPPER INFO (SHIPPING FROM)		
Company Name: "EXHIBITING COMPANY NAME"		
IRS# 12-3456786		
Address: 123 SESAME STREET		
City: LANGHORNE	State/Prov: PA	Zip/Post: 19047
Contact Name: MARY PARKER	Tel: 709-888-0970	
Email: MPARKER@EMAIL.COM	Fax: 709-888-7788	

DELIVERY INFO (GOING TO)		
Company Name: "EXHIBITING COMPANY NAME"		Booth# 1232
Venue Name: EVENT FACILITY NAME		
Address: 123 CONVENTION CENTER WAY		
City: MONTREAL	State/Prov: QC	Zip/Post: H1X 1X1
On-site Contact Name: MARY PARKER	Cell: 555-222-6655	
Email: MPARKER@EMAIL.COM		

RETURN SHIPPING INFORMATION		
<input checked="" type="checkbox"/> SAME AS SHIPPER		
Company Name: "EXHIBITING COMPANY NAME"		
IRS# 12-3456786		
Address: 123 SESAME STREET		
City: LANGHORNE	State/Prov: PA	Zip/Post: 19047
Contact Name: MARY PARKER	Tel: 709-888-0970	
Email: MPARKER@EMAIL.COM	Fax: 709-888-7788	

INVOICING INFORMATION		
<input checked="" type="checkbox"/> SAME AS SHIPPER		
Company Name: "EXHIBITING COMPANY NAME"		
IRS# 12-3456786		
Address: 123 SESAME STREET		
City: LANGHORNE	State/Prov: PA	Zip/Post: 19047
Contact Name: MARY PARKER	Tel: 709-888-0970	
Email: MPARKER@EMAIL.COM	Fax: 709-888-7788	

TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)

Charge to: VISA MASTERCARD

Cardholder Name: MARY PARKER Title: YOUR TITLE

Credit Card Number: XXXX XXXX XXXX XXXX CVV: xxx Expiry Date: MM/DD

I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 20% surcharge (minimum \$50.00).

Cardholder Signature: _____ Date: _____

SHIPMENT INFORMATION

Carrier Name (If not using ConsultExpo): CONSULTEXPO INC	Carrier Contact Name: COORDINATOR NAME
Carrier Contact Tel: 514-709-0781	Carrier Contact Email: _____
Pick-up Date: 11/12/2022	Hours of Operation: 8am - 5pm
Delivery Date: 09/22/2022	Delivery Time: 8am

# of Pieces	Type of Pieces (Box / Crate / Skids, etc.)	Length (Inches)	X	Width (Inches)	X	Height (Inches)		Per Piece (LBS)	Total (LBS)
5	cases	44	X	15	X	15	@ Weight (LBS) Each	100	500
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
5	Total Pieces							Total Weight	500

Requested Service Level: Air Freight 2nd Day Expedited Ground / Truck

Additional Services Required: Lift Gate Inside Pick Up / Delivery Special Service (Please Specify)

Cargo Insurance / Declared Value
 This shipment is covered under basic carrier liability, directly with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with ConsultExpo Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact ConsultExpo Inc. for more information on Cargo Insurance.

Terms and conditions
 This order is placed with the specific understanding that we hereby release ConsultExpo Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled: 1) ConsultExpo Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) ConsultExpo Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) ConsultExpo Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) ConsultExpo Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. ConsultExpo Inc shall not be responsible for AMPS penalties.

CLIENT SIGNATURE I have Read and agree to the terms of this contract.	
Signature: _____	
Name: MARY PARKER	
Title: PRESIDENT	
Date: 08/15/2022	

ACCEPTED BY CONSULTEXPO	
Signature: _____	
Name: _____	
Title: _____	
Date: _____	



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

PROTECTED **B** when completed
PROTÉGÉ **B** une fois rempli

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 n° 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)	
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada		6. Country of transshipment - Pays de transbordement	
		7. Country of origin of goods Pays d'origine des marchandises	
11. Number of packages Nombre de colis		9. Conditions of sale 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.)	
		10. Currency of settlement - Devises du paiement	
12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)		13. Quantity (state unit) Quantité (précisez l'unité)	
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale		14. Unit price Prix unitaire	
		15. Total	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		16. Total weight - Poids total Net	
		17. Invoice total Total de la facture	
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse)	
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada _____ (iii) Export packing Le coût de l'emballage d'exportation _____		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input type="checkbox"/>	
24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada _____ (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat _____ (iii) Export packing Le coût de l'emballage d'exportation _____		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>	

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

1. Vendor (name and address) - Vendeur (nom et adresse) "EXHIBITING COMPANY NAME" 123 SESAME STREET LANGHORNE, PA 19047 USA		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada 3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)					
4. Consignee (name and address) - Destinataire (nom et adresse) "EXHIBITING COMPANY NAME" C/O INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022 EVENT FACILITY NAME 123 CONVENTION CENTER WAY MONTREAL, QC H1X 1X1		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) N/A					
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada ConsultExpo Logistics INC, CHICAGO, IL		6. Country of transshipment - Pays de transbordement N/A					
11. Number of packages Nombre de colis		12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)		13. Quantity (state unit) Quantité (précisez l'unité)	7. Country of origin of goods Pays d'origine des marchandises USA / CHINA		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
5		PLASTIC CRATES CONTAINING BOOTH STRUCTURE - MADE IN USA LITERATURE - MADE IN USA KEYCHAINS - MADE IN CHINA		5 1000 50	14. Unit price Prix unitaire 15. Total \$1,000.00 \$0.10 \$0.50 \$5,000.00 \$100.00 \$25.00		
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>					16. Total weight - Poids total Net Gross - Brut 500		17. Invoice total Total de la facture \$5,125.00
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)					20. Originator (name and address) - Expéditeur d'origine (nom et adresse) "EXHIBITING COMPANY NAME" 123 SESAME STREET LANGHORNE, PA		
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)					22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour achat (iii) Export packing Le coût de l'emballage d'exportation		25. Check (if applicable): Cochez (s'il y a lieu): (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises			

LEAVE BLANK