

Customs Clearance



We're the North American customs clearance experts for show planners and event organizers.

Your business is our business

At Mendelssohn Event Logistics, we have the expertise to move complex shipments for exhibitors and vendors into Canada or the United States from anywhere in North America, across the border and back again. As the customs clearance specialists for conventions, trade shows and special events, we look after permits, advance electronic filing and security requirements on your behalf. Your goods will arrive where they need to be, when they need to be there – hassle-free.

We have you covered

With agents at every major customs port of entry along the U.S.-Canada border and other strategic locations, we have the people, technology and leading industry expertise that will help spell success for your event.

Consider the benefits you will enjoy by relying on Mendelssohn for your next conference, trade show or special event.

We get it done

- All cross-border transportation arrangements looked after for you.
- All customs and shipping documentation provided.
- Expert, efficient customs clearance.
- All shipments traced, if necessary.
- Mendelssohn customs specialists on site or on call 24/7 for your convenience.
- On-site customs clearance arranged for goods sold at the event.
- Materials stored in a bonded warehouse before and after event.
- Assistance with the completion of documentation.
- Private vehicles assisted to facilitate their customs entry into Canada.

Customs Clearance

Transportation services

Full logistics

Special event solutions

Mendelssohn Event Logistics
1111 West Hastings St., Suite 901
Vancouver, BC Canada V6E 2J3

604-687-5535
Fax 604-687-1463
www.mend.com

MENDELSSOHN

EVENT LOGISTICS

CUSTOMS CLEARANCE

The service of a customs brokerage firm is strongly recommended for all shipments originating outside of Canada. This will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation resulting in these same materials arriving too late or not at all.

Mendelssohn Event Logistics (Formerly Livingston Event Logistics) has been appointed as the official customs broker for the **Snowbird RV Show 2011** to be held at the **TRADEX Exhibition Centre, September 22-25, 2011**. Mendelssohn Event Logistics staff will assist exhibitors with their entry/import and return/export of goods.

If you are shipping from the U.S. please find attached U.S. CBP Form 4455 Certificate of Registration. Be sure to mark the following in the body of your Air Waybill or Bill of Lading: "U.S. Certificate of Registration Form 4455 attached. Goods MUST be presented for examination by U.S. Customs prior to export from the U.S.A. and certified copies must be given to Mendelssohn Event Logistics at show site."

Mendelssohn Event Logistics will post the required bonds and securities with Canada Customs; clear your materials through Canadian Customs; prepare export documentation and bills of lading; and arrange customs clearance return for ground/air freight.

Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** must be completed and sent to Mendelssohn Event Logistics (Attn: Robert Skelly, Email: rskelly@mend.com, Stefanie Lane, Email: slane@mend.com, Fax: 604-687-1463). Three copies must accompany the shipment.

Exhibitors using their own broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

For further information, please contact your event co-ordinators:

Robert Skelly, Operations Supervisor
Mendelssohn Event Logistics
1111 West Hastings St., Suite 901
Vancouver, BC V6E 2J3 CANADA
Bus: 604-687-5535 x 2108
Cell: 604-306-1342
Fax: 604-687-1463
Email: rskelly@mend.com

Stefanie Lane, Event Coordinator
Mendelssohn Event Logistics
1111 West Hastings St., Suite 901
Vancouver, BC V6E 2J3 CANADA
Bus: 604-687-5535 x 2402
Cell: 778-558-6365
Fax: 604-687-1463
Email: slane@mend.com

Order Form

Customs 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 Services.

We wish to use Mendelsohn Event Logistics services for:

Customs Clearance Only

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: Mendelsohn 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

Order Form

Customs Services



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

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

Customs Clearance Only

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:



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

<p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p> <p>ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666</p>	<p>2 Date of Direct Shipment to Canada / Date d'expédition directe vers le Canada 4/3/1999</p> <p>3 Other References (Include Purchaser's Order No.) / Autres références (inclure le no de commande de l'acheteur) 10-9999999</p>
<p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p> <p>ABC Distributing Company / Booth 234 International Computing Event c/o Event Facility 100 Anywhere Street Toronto, ON M7W 2P6</p>	<p>5 Purchaser's Name and Address (if other than Consignee) / Nom et Adresse de l'acheteur (s'il diffère du destinataire) No sale involved</p> <p>6 Country of Transshipment / Pays de transbordement N/A</p>
<p>VII. 1 Is this a related company transaction? / Est-ce que les compagnies sont liées entre elles? YES <input type="checkbox"/> OUI NO <input checked="" type="checkbox"/> NON</p>	<p>7 Country of Origin of Goods / Pays d'origine des marchandises USA</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>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</p>
<p>8 Transportation: Give Mode and Place of Direct Shipment to Canada / Transport: Préciser mode et lieu d'expédition directe vers le Canada Mendelssohn, Chicago, IL</p>	<p>10 Currency of Settlement / Devises du paiement USD</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 (Certificate of Registration Attached)	3	\$1000.00	\$1000.00
2 pcs	Crates - Computer Monitors (Certificate of Registration Attached)	2	\$500.00	\$1000.00

<p>XI.1 Total Number of Pieces / Nombre total de pièces 11</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>16 Total Weight / Poids total</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Net / N/A</td> <td style="width:50%;">Gross / Brut / 300 lbs</td> </tr> <tr> <td colspan="2" style="text-align: right;">17 Invoice Total / Total de la facture \$9,175.00</td> </tr> </table>	Net / N/A	Gross / Brut / 300 lbs	17 Invoice Total / Total de la facture \$9,175.00	
Net / N/A	Gross / Brut / 300 lbs				
17 Invoice Total / Total de la facture \$9,175.00					

<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 (Nome et adresse)</p> <p>ABC Distributing Company Name: Joe Smith 125 Elm Street Tel: 708-555-1212 Chicago, IL Fax: 708-555-1201 66666-6666</p>
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<p>21 Departmental Ruling (if applicable) / Décision ministérielle (s'il y a lieu) N/A</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



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) No sale involved</p> <p>6 Country of Transshipment / Pays de transbordement N/A</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.) No sale involved</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 Colis	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

<p>XI.1 Total Number of Pieces / Nombre total de pièces</p>	<p>16 Total Weight / Poids total</p> <p>Net <input type="checkbox"/> N/A 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) N/A</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>

**U.S. DEPARTMENT OF HOMELAND SECURITY
Bureau of Customs and Border Protection
CERTIFICATE OF REGISTRATION**

19 CFR 10.8, 10.9, 10.68,
148.1, 148.8, 148.32, 148.37

*(NOTE: Number of copies to be submitted varies with type of transaction.
Inquire at Port Director's office as to number of copies required.)*

NO.

VIA (Carrier)	B/L or INSURED NO.	DATE
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NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)	ARTICLES EXPORTED FOR:	
	<input type="checkbox"/> ALTERATION* <input type="checkbox"/> REPAIR* <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> PROCESSING* <input type="checkbox"/> OTHER, (specify) _____ _____

*** NOTE:** The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.

LIST ARTICLES EXPORTED

Number Packages	Kind of Packages	Description

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign)	DATE
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The Above-Described Articles Were:

EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CBP OFFICER		SIGNATURE OF CBP OFFICER	

CERTIFICATE ON RETURN

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (use reverse if needed)

SIGNATURE OF IMPORTER (Print or Type <u>and</u> Sign)	DATE
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NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.

Paperwork Reduction Act Notice: This request is in accordance with the Paperwork Reduction Act. The information to be provided is submitted by importers/exporters. Completion of this form is mandatory and to your benefit. The estimated average burden associated with this collection of information is 3 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.