

CUSTOMS

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.

Mendelsohn Customs Broker has been appointed as the official customs broker for Canadian Ophthalmological Society Annual Conference & Exhibition held at the Westin Harbour Castle Hotel, July 21-24, 2006. Mendelsohn will maintain staff on-site from the first move-in day to the last move-out day and assist exhibitors with their entry/import and return/export of goods.

Mendelsohn 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 should be completed and faxed to Mendelsohn.

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.

Private Vehicles (PV)

With the introduction of AECI (Advance Electronic Cargo Information) on the U.S. side of the border, PAPS (Pre-Arrival Processing System) has become mandatory for most highway shipments entering the U.S. This program requires that all carriers/PV with commercial goods must fax shipment information to the Customs Broker at least 3 hours prior to their arrival at the border. The Customs Broker must then submit the shipment information, in the proper format, to CBP at least 1 hour prior to the carrier/PV arrival. Carriers who fail to meet AECI / PAPS requirements are subject to penalties. **Carrier/PV penalties are set at \$5,000.00 USD for the first infraction, and \$10,000.00 USD for each infraction thereafter.**

If you plan to drive to the show with your goods, please contact Mendelsohn at once for further instructions!

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

Mendelsohn – Customs and Transportation Services
69 Yonge Street, Suite 400
Toronto, ON M5E 1K3 CANADA
Bus: 416-863-9339
Toll: 800-665-4628
Fax: 416-863-5149
Email: brokers@mend.com
Website: www.mend.com

Order Form

Customs and
Transportation Services

Mendelssohn
LIVINGSTON

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's 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, 99 - Apr 17, 99

Booth #: 234

Shipment Date: Apr 3, 99

From (City, State): Chicago, IL

Carrier Name: Mendelssohn

It Consists Of (# of Cartons, etc.): 11

Weight: 300 lbs kgs

Rep At The Event: Joe Smith

Staying At (Hotel): Anywhere Place

Tel: 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: 12/99

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)

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, 1999

Order Form

Customs and
Transportation Services



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's 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:

Staying At (Hotel):

Tel:

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)

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?</p> <p>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>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>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>10 Currency of Settlement / Devises du paiement USD</p>	
<p>11 No. of Pkgs. Nmbre. De Coills</p>	<p>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)</p>	<p>13 Quantity (State Unit) Quantité (Préciser l'unité)</p>	<p>Replacement Value Valeur de Remplacement</p>
			<p>14 Unit Price Prix Unitaire 15 Total</p>
	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> <p>Net N/A Gross / Brut 300 lbs</p>	
		<p>17 Invoice Total Total de la facture \$9,175.00</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 (Nom 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>	
<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

Page of/de

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<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>
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11	12	13	Replacement Value Valeur de Remplacement	
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<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>
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23	24	25
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