Mendelssohn Commerce 6631 Elmbridge Way Unit 140 Richmond, BC V7C 4N1

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



Customs Clearance & Transportation Services

COS 2015 Annual Conference & Exhibition

June 18 – 21, 2015 @ the Victoria Conference Centre

Mendelssohn Commerce has been appointed as the official customs broker and transportation provider for the **COS 2015 Annual Conference & Exhibition** to be held at the **Victoria Conference Centre, June 18**th **to 21**st, **2015.** For all customs and shipping needs, we recommend you deal directly with Mendelssohn Commerce.

For Customs and Transportation inquiries please contact:

Stefanie Lane slane@mend.com

Tel: 604-687-5535	Fax: 604-687-1463	Cell: 778-558-6365

Prior to shipping, the **Order Form** and **Canada Customs Invoice (CCI)** should be completed and forwarded to our office (Attn: Stefanie Lane Email: slane@mend.com). Three copies of the CCI must accompany the shipment.

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 Commerce six weeks in advance so that the proper documentation (Pre-Arrival Processing System - PAPS) can be prepared for the appropriate border crossing.

Prior to shipping your goods, please fax all appropriate customs/shipping documents to our office at 604-687-1463. It is important to provide Mendelssohn Commerce with your carriers name and tracking number if not shipping through Mendelssohn.

ALL SHIPMENTS MUST BE LABELED AS FOLLOWS

For direct to SHOW SITE SHIPMENTS goods can only arrive on move in date Exhibitor's Name and Booth:

COS 2015 Annual Conference

c/o Victoria Conference Centre 720 Douglas Street Victoria, BC V8M 3M7

Please notify Mendelssohn Commerce for Customs Clearance: 604-687-1463

For shipments to ADVANCE WAREHOUSE

Exhibitor's Name and Booth:

COS 2015 Annual Conference

c/o Mendelssohn Commerce 3985 Still Creek Ave Burnaby, BC V5C 4E2

Please notify Mendelssohn Commerce for Customs Clearance: 604-687-1463

Order Form

Date:

01/29/2014

Customs and Transportation Services

Please accept this as authority for ICECORP Logistics Inc. dba Mendelssohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 121767677RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in ICECORP Logistics Inc. Standard Trading Conditions, including but not limited to:



- The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes and levies in respect of imported and exported goods released or to be released; and
- 2. The transportation, warehousing, and distribution of such goods.

In signing this for	orm, I grant ICECORP Logis	tics Inc. dba Mendelss	sohn Commerce full p	ower and aut	thority to appo	oint a sub-age	nt, where required.			
This authority is	granted for all shipments in	relation to the event a	and/or shipment(s) de	tailed below.						
	equired: (please chect s Clearance and Tran		Customs Cle	arance Or	nly		☐ Transportation O	nly		
Shipper Information					Deliver	y Inforn	nation			
	ame: ABC DISTRIBU	TING COMPANY		- -			Name: ABC DISTRIBUTIN	IG COMPAN	1Y	
	S. Tax Identification #:						MARKETING EVENT	Booth #:		
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City: CHICAGO Province/State: IL Postal/Zip: 66666 Contact Name: JOE SMITH Tel: 708-555-1200					City: TORONTO Province/State: ON Postal/Zip: M5M 2B2 On-Site Contact: SANDY SMITH Cell #: 708-555-1234					
	//////////////////////////////////////		ax: 708-555-22		E-mail: SSMITH@DOMAIN.COM					
				—						
Return F			Same as Ship	per			ing Information		as Shipper	
	ame: ABC DISTRIBUT						BC DISTRIBUTING COMP			
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1	OCK DOOR #2			─ ┤	Address.	123 ELIVI C	DIRECT			
City: CHIC		tate: IL F	Postal/Zip: 6666	6	City: CHI	CAGO	Province/State: IL	Postal/Zip	o: 66666	
	me: JOE SMITH		Tel: 708-555-12			ame: JOE		Tel: 708-5		
E-mail: JSN	MITH@DOMAIN.COI	M			E-mail: JS	SMITH@D	OMAIN.COM	Fax: 708-	-555-2222	
Shipmen	nt Information									
							RDINATOR NAME Tel: 1-80			
	te: APR. 03/14		ration: 8:00 AM -			ate: APR	. 14/14 Time: 11:	:00 AM		
	Service Level:	☐ Air	2 nd Day		Truck					
Additional S	Services Required:	☐ Lift Gate	☐ Inside Pic	k-Up/Deli	very					
# of Pieces				Length	Width	Height		Per Piece		
2	SKIDS		(Inches) Each:	48	48	48	@ Weight (lbs) Each:	375	750	
4	CRATES		(Inches) Each:	45	47	60	@ Weight (lbs) Each: @ Weight (lbs) Each:	500	2000	
			(Inches) Each:				@ Weight (lbs) Each:		-	
			(Inches) Each:				@ Weight (lbs) Each:			
6	Total		,					tal Weight:	2750	
Cargo In	surance / Decla	red Value								
This shipment is pound multiplie	s covered under basic carrie d by the number of pounds for	r liability, direct with th or that part of the ship	ment lost or damaged	d, but not less	than \$50.00	per shipment	is shipment) is agreed to and und UNLESS additional Cargo Insur- Issohn Commerce for more Carg	ance has been a	arranged with	
Terms of	f Payment and S	Security Dep	osit (Must b	e comp	leted)					
Charge to:			asterCard			ican Expre	ess			
	Name: JOE SMITH				Title: OWNER / PRESIDENT					
Card Accou	nt Number: 1234 567	78 9012 3456			Expiry Da					
I hereby authoriz	te the use of this credit card for tall a 2% administrative fee (ministrative fee)	payment of services rel	ative to this Order Form	n.						
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Terms a	nd Conditions		-							
This order is pla loss, damage a responsible for acts of god, stri have made othe assumed losses	aced with the specific unders nd/or theft to our merchandis damage to uncrated materia kes, lock outs of any kind be er appropriate insurance arra	se and property, no ma ls, improperly package yond its control. 3) Mangements and paid a or any collateral costs	atter how caused, and ed goods or concealed lendelssohn Commer oplicable charges. 4)	d we have ins d damage. 2 ce liability is Mendelssoh	sured all such 2) Mendelssol outlined in the nn Commerce	properties be hn Commerce above Cargo shall not be I	Mendelssohn Commerce) and/o ing handled; 1) Mendelssohn Co e will not be responsible for any le o Insurance / Declared Value sec iable to any extent whatsoever fo Il hazardous materials have beer	ommerce shall no coss/damage/del ction. We are se for the actual, po	not be lay due to fire, elf-insured, or otential or	
Client Signature I have read and agree to the Terms and Conditions of this Contract.					Accepted by Mendelssohn Commerce					
Signature: OS Smult					Signature:					
	SMITH	•			Name:					
Title: OWNER / PRESIDENT					Title:					

Date:

Order Form

Customs and Transportation Services

Please accept this as authority for ICECORP Logistics Inc. dba Mendelssohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 121767677RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in ICECORP Logistics Inc. Standard Trading Conditions, including but not limited to:



- 1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes and levies in respect of imported and exported goods released or to be released; and
- 2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant ICECORP Logistics Inc. dba Mendelssohn Commerce full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipm	nents in relation to the eve	ent and/or shipment(s) de	etailed below.							
Services Required: (please Customs Clearance and		☐ Customs Cle	oaranco Or	alv.		☐ Transportation O	ınlı			
	'	☐ Customs Cle		,	. 1 (·	ппу			
Shipper Information					Delivery Information Exhibitor/Company Name:					
Company Name:	i.a.a. #.					Name:	Dooth #			
IRS # or U.S. Tax Identificat Address:	ion #:			Event Nar Facility Na			Booth #:			
Address.			-+	Address:	arrie.					
				Addiess.						
City: Provi	nce/State:	Postal/Zip:		City: Province/State: Postal/Zip:						
Contact Name:		Tel:		On-Site Contact: Cell #:						
E-mail:		Fax:		E-mail:						
Return Freight		☐ Same as Shi	pper	Billing / Invoicing Information Same as Shipper						
Company Name:				Company Name:						
IRS # or U.S. Tax Identificat	tion #:			Importer :	# (if application	able):				
Address:				Address:						
0	10.	D / 1/7:		0''		Province/State:	D (1/3:			
City: Provi	nce/State:	Postal/Zip: Tel:		City: Contact N	omo:	Postal/Zip: Tel:				
E-mail:		i ei.		E-mail:	ame.		Fax:			
				L man.			ı ux.			
Shipment Information										
Carrier Name (if not using M				Contact N		Tel:				
Pick-Up Date:	Hours of O			Delivery Date: Time:						
Requested Service Level:	☐ Air	☐ 2 nd Day		Truck						
Additional Services Require	d: Lift Gat	te 🔲 Inside Pi	ck-Up/Deli	very						
# of Pieces Box/Crate/Skid	l etc.		Length	Width	Height		Per Piece	Total		
	@ Dimension	ons (Inches) Each:				@ Weight (lbs) Each:				
		ons (Inches) Each:				@ Weight (lbs) Each:				
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						10	nai weigiit.			
Cargo Insurance / D This shipment is covered under basi pound multiplied by the number of p Mendelssohn Commerce. Subject to	c carrier liability, direct wit ounds for that part of the the terms and conditions	shipment lost or damage of liability for loss/dama	d, but not less ge, stated belo	than \$50.00 ow. Please o	per shipment	UNLESS additional Cargo Insur	rance has been a	arranged with		
Terms of Payment a	nd Security Do	eposit (Must b	e comp	leted)						
Charge to:		MasterCard		☐ American Express						
Cardholder Name:				Title:						
Card Account Number:				Expiry Da	te:					
I hereby authorize the use of this credit I understand that a 2% administrative fe										
Cardholder's Signature:										
Terms and Condition	ns									
This order is placed with the specific loss, damage and/or theft to our mer responsible for damage to uncrated acts of god, strikes, lock outs of any have made other appropriate insural assumed losses or profits or revenue all Federal, Provincial, State and Loc	chandise and property, no materials, improperly pack kind beyond its control. 3 noe arrangements and pa es, or for any collateral co	o matter how caused, an kaged goods or conceale B) Mendelssohn Comme id applicable charges. 4	d we have insed damage. 2 rce liability is of Mendelssoh	ured all such) Mendelssol outlined in the in Commerce	properties be in Commerce above Cargo shall not be li	ing handled; 1) Mendelssohn Co will not be responsible for any I Insurance / Declared Value sec able to any extent whatsoever for	ommerce shall no loss/damage/delaction. We are se or the actual, pot	ot be ay due to fire, elf-insured, or tential or		
Client Signature I have read and agree to the Terms and	Conditions of this Contract			Accepted	by Mende	elssohn Commerce				
	The second secon		 	Cianatura						
Signature:				Signature:						
Name: Title:				Name: Title:						
Date:				Date:						
B				-						

Décision ministérielle (s'il y a lieu)

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23

CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES Page 1 of/de 1 Vendor (Name and Address) / Vendeur (Nom et Adresse) Date of Direct Shipment to Canada Date d'expédition directe vers le Canada ABC DISTRIBUTING COMPANY 04/03/2014 125 ELM STREET Other References (Include Purchaser's Order No.) DOCK DOOR #2 Autres références (inclure le no de commande de l'acheteur) CHICAGO, IL IRS# 12-3456789 66666 Purchaser's Name and Address (if other than Consignee) Consignee (Name and Address) / Destinataire (Nom et Addresse) Nom et Addresse de l'acheteur (s'il diffère du destinataire) No sale involved ABC DISTRIBUTING COMPANY - BOOTH# 234 c/o INT'L MARKETING EVENT Country of Transhipment / Pays de transborderment **EVENT FACILITY** N/A278 SOMEWHERE PLACE TORONTO, ON Country of Origin of Goods If shipment includes goods of different M5M 2B2 Pays d'origine des marchandises origins, enter origins against items in field 12 Si l'expedition comprend des USA marchandises d'origines differentes, en preciser la provenance en 12. Is this a related company transaction? Condition of Sales and Terms of Payment Est-ce que les compagnies sont liées entre elles? (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalitiés de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.) YES ⊠ OUI NO NON No sale involved Transportation: Give Mode and Place of Direct Shipment to Canada Currency of Settlement / Devises du paiement Transport: Préciser mode et lieu d'expédition directe vers le Canada MENDELSSOHN COMMERCE, CHICAGO, IL USD Specification of Commodities (Kind of Packages Marks and Quantity (State Unit) Replacement Value Pkgs. Numbers, General Description and Characteristics i.e. Grade Quality) Valeur de Remplacement Nmbre. Designation des articles (Nature des colis, marques et numéros, Quantité description générale et charactéristiques. P. Ex. Classe, qualité) (Préciser l'unité) De Coilis Unit Price 15 Total Prix Unitaire DISPLAY BOOTH (BACKWALLS, LIGHTS, GRAPHICS, CARPET) 6 PCS 1 \$5,000,00 \$5,000,00 ADVERTISING BROCHURES / CATALOGS / LITERATURE 1000 \$0.10 \$100.00 PLASTIC KEY CHAINS 50 \$0.50 \$25.00 **BOOKS** 50 \$1.00 \$50.00 COMPUTERS 3 \$1,000,00 \$3,000,00 COMPUTER MONITORS 3 \$500.00 \$1,500.00 XI.1 Total Number of Pieces / Nombre total de pièces Invoice If any fields of 1 to 17 are included on an attached commercial invoice, check this box Total Si les renseignements des zones 1 à 17 figurenet sur la facture commerciale cocher Total Weight / Poids total Total de la cette case facture Net Gross / Brut Commercial Invoice No. / No. De la facture commerciale \$9,675.00 N/A2,750 LBS Exporter's Name and Address (if other than Vendor) Originator (Name and Address) Nom et adresse de l'exportateur (s'il diffère du vendeur) Expéditeur d'origine (Nom et addresse) Name: Name: JOE SMITH ABC DISTRIBUTING COMPANY Tel: Tel: 708-555-1200 125 ELM STREET CHICAGO, IL 66666 Fax: Fax: 708-555-2222 Departmental Ruling (if applicable) If fields 23 to 25 are not applicable, check this box N/A \bowtie

Si les zones 23 à 25 sont sans objet, cocher cette case

25

23

	Services Agency frontaliers du Canada								
CA	ANADA CUSTOMS INVOICE / FACTURE DES DOUANN	IES CANADI	ENNES	Page	of/de				
1	Vendor (Name and Address) / Vendeur (Nom et Adresse)	Date of Direct Shipment to Canada Date d'expédition directe vers le Canada							
			ences (Include Purch ences (inclure le no d	aser's Order No.) e commande de l'ach	eteur)				
4	Consignee (Name and Address) / Destinataire (Nom et Addresse)		esse de l'acheteur (s	(if other than Consigne s'il diffère du destinata					
		6 Country of Transhipment / Pays de transborderment N/A							
			Origin of Goods des marchandises	If shipment includes go origins, enter origins ag field 12. Si l'expedition compren marchandises d'origine preciser la provenance	ainst items in d des s differentes, en				
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 modalitiés de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)							
	TES LI OOI NO MI NON	No sale invol	ved						
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 / Devis	es du paiement					
11	No. of Pkgs. Nmbre. De Coilis Specification of Commodities (Kind of Packages Mark Numbers, General Description and Characteristics <i>i.e.</i> Designation des articles (Nature des colis, marques e description générale et charactéristiques. <i>P. Ex.</i> Class	Grade Quality) numéros, e, qualité) (State Únit) Quantité Valeur de Remplaceme (Préciser l'unité)							
				14 Unit Price Prix Unitaire	15 Total				
XI.1					Invoice				
	If any fields of 1 to 17 are included on an attached commercial invoice Si les renseignements des zones 1 à 17 figurenet sur la facture comr cette case			ight / Poids total	17 Total Total de la				
Соі	mmercial Invoice No. / No. De la facture commerciale	□	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)	70	tor (Name and Addre teur d'origine (Nom e	,					
	Name:	Name:							
	Tel:	Tel:							
	Fax:	Fax:							
21	Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A			licable, check this box ans objet, cocher cette					

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