

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

Toll Free: 1-800-665-4628
www.mend.com



Customs Clearance Services

FAMILY MEDICINE FORUM 2016 ***November 9 – 12, 2016***

Mendelssohn Commerce has been appointed as the official customs broker for the **Family Medicine Forum 2016** to be held at the **Vancouver Convention Centre, November 9th – 12th, 2016**. For all customs needs we recommend you deal directly with Mendelssohn Commerce.

For Customs 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 documents to our office at 604-687-1463. It is important to provide Mendelssohn Commerce with your carrier's name and tracking number. **☞**

COF: Customs Order Form: Mandatory for customs clearance. Without this document Mendelssohn Commerce does not have authorization to clear shipments. This form also gives the coordinator all the information for the return shipment.

CCI: Canada Customs Invoice: is the mandatory document for anyone shipping exhibit/registration material. Three (3) copies should accompany the shipment (either provide them to the driver picking up your material or tape them onto the shipment).

****When shipping electronic equipment back to the USA after the congress, FCC and FDA forms can apply. Please speak to Mendelssohn Commerce about this.**

A Mendelssohn Commerce representative will be on-site for your convenience.

Order Form

Customs and Transportation Services



Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 12176777RM0001, 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 Mendelsohn Commerce full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below.

Event Name: INT'L MARKETING EVENT

Event Dates: APR. 15-17, 2014

Services Required: (please check one)

Customs Clearance and Transportation Customs Clearance Only Transportation Only

| | |
|---|---|
| Shipper Information | Delivery Information |
| Company Name: ABC DISTRIBUTING COMPANY | Exhibitor/Company Name: ABC DISTRIBUTING COMPANY |
| IRS # or U.S. Tax Identification #: 12-3456789 | Event Name: INT'L MARKETING EVENT Booth #: 234 |
| Address: 125 ELM STREET DOCK DOOR #2 | Facility Name: EVENT FACILITY |
| City: CHICAGO Province/State: IL Postal/Zip: 66666 | Address: 278 SOMEWHERE PLACE |
| Contact Name: JOHN DOE Tel: 708-555-1200 | City: TORONTO Province/State: ON Postal/Zip: M5M 2B2 |
| E-mail: JDOE@DOMAIN.COM Fax: 708-555-2222 | On-Site Contact: SANDY SMITH Cell #: 708-555-1234 |
| | E-mail: SSMITH@DOMAIN.COM |
| Return Freight <input checked="" type="checkbox"/> Same as Shipper | Billing / Invoicing Information <input type="checkbox"/> Same as Shipper |
| Company Name: ABC DISTRIBUTING COMPANY | Company Name: ABC DISTRIBUTING COMPANY ACCOUNTING DEPT. |
| IRS # or U.S. Tax Identification #: 12-3456789 | Importer # (if applicable): 123456789RT0001 |
| Address: 125 ELM STREET DOCK DOOR #2 | Address: 345 OAK AVE. |
| City: CHICAGO Province/State: IL Postal/Zip: 66666 | City: CHICAGO Province/State: IL Postal/Zip: 66667 |
| Contact Name: JOHN DOE Tel: 708-555-1200 | Contact Name: JOE SMITH Tel: 708-555-1255 |
| E-mail: JDOE@DOMAIN.COM | E-mail: JSMITH@DOMAIN.COM Fax: 708-555-1266 |

Shipment Information

Carrier Name (if not using Mendelsohn Commerce): MENDELSSOHN COMMERCE Contact Name: COORDINATOR NAME Tel: 905-673-5445

Pick-Up Date: APR. 03/14 Hours of Operation: 8:00 AM - 5:00 PM Delivery Date: APR. 14/14 Time: 11:00 AM

Requested Service Level: Air 2nd Day Truck

Additional Services Required: Lift Gate Inside Pick-Up/Delivery

| # of Pieces | Box/Crate/Skid etc. | @ Dimensions (Inches) Each: | Length | Width | Height | @ Weight (lbs) Each: | Per Piece | Total |
|-------------|---------------------|-----------------------------|--------|-------|--------|----------------------|---------------|-------|
| 2 | SKIDS | @ Dimensions (Inches) Each: | 48 | 48 | 48 | @ Weight (lbs) Each: | 375 | 750 |
| 4 | CRATES | @ Dimensions (Inches) Each: | 45 | 47 | 60 | @ Weight (lbs) Each: | 500 | 2,000 |
| | | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| | | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| | | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| 6 | Total | | | | | | Total Weight: | 2,750 |

Cargo Insurance / Declared Value

This shipment is covered under basic carrier liability, direct 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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn Commerce for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

**Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax. A separate Credit Card Authorization form has been provided. Please check off the payment method that has been completed for this order:

- Completed Credit Card Authorization or Preliminary Invoice has been faxed.
 Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone.

Terms and Conditions

This order is placed with the specific understanding that we hereby release ICECORP Logistics dba Mendelsohn Commerce (Mendelsohn Commerce) 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn Commerce 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) Mendelsohn Commerce 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) Mendelsohn Commerce 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.

| | |
|--|--|
| Client Signature I have read and agree to the Terms and Conditions of this Contract. | Accepted by Mendelsohn Commerce |
| Signature: <i>Joe Smith</i> | Signature: |
| Name: JOE SMITH | Name: |
| Title: OWNER / PRESIDENT | Title: |
| Date: 01/29/2014 | Date: |

Order Form

Customs and Transportation Services



Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn 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 Mendelsohn Commerce full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below.

Event Name: _____ Event Dates: _____

Services Required: (please check one)

- Customs Clearance and Transportation Customs Clearance Only Transportation Only

| | | |
|-------------------------------------|-----------------|-------------|
| Shipper Information | | |
| Company Name: | | |
| IRS # or U.S. Tax Identification #: | | |
| Address: | | |
| | | |
| City: | Province/State: | Postal/Zip: |
| Contact Name: | Tel: | |
| E-mail: | Fax: | |

| | | |
|-----------------------------|-----------------|-------------|
| Delivery Information | | |
| Exhibitor/Company Name: | | |
| Event Name: | Booth #: | |
| Facility Name: | | |
| Address: | | |
| | | |
| City: | Province/State: | Postal/Zip: |
| On-Site Contact: | Cell #: | |
| E-mail: | | |

| | | |
|--|-----------------|-------------|
| Return Freight <input type="checkbox"/> Same as Shipper | | |
| Company Name: | | |
| IRS # or U.S. Tax Identification #: | | |
| Address: | | |
| | | |
| City: | Province/State: | Postal/Zip: |
| Contact Name: | Tel: | |
| E-mail: | | |

| | | |
|---|-----------------|-------------|
| Billing / Invoicing Information <input type="checkbox"/> Same as Shipper | | |
| Company Name: | | |
| Importer # (if applicable): | | |
| Address: | | |
| | | |
| City: | Province/State: | Postal/Zip: |
| Contact Name: | Tel: | |
| E-mail: | Fax: | |

Shipment Information

| | | | |
|--|--|----------------|-------|
| Carrier Name (if not using Mendelsohn Commerce): | | Contact Name: | Tel: |
| Pick-Up Date: | Hours of Operation: | Delivery Date: | Time: |
| Requested Service Level: | <input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Truck | | |
| Additional Services Required: | <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick-Up/Delivery | | |

| # of Pieces | Box/Crate/Skid etc. | Length | Width | Height | @ Weight (lbs) Each: | Per Piece | Total |
|-------------|-----------------------------|--------|-------|--------|----------------------|---------------|-------|
| | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| | @ Dimensions (Inches) Each: | | | | @ Weight (lbs) Each: | | |
| Total | | | | | | Total Weight: | |

Cargo Insurance / Declared Value

This shipment is covered under basic carrier liability, direct 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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn Commerce for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

**Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax. A separate Credit Card Authorization form has been provided. Please check off the payment method that has been completed for this order:

- Completed Credit Card Authorization or Preliminary Invoice has been faxed.
 Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone.

Terms and Conditions

This order is placed with the specific understanding that we hereby release ICECORP Logistics dba Mendelsohn Commerce (Mendelsohn Commerce) 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn Commerce 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) Mendelsohn Commerce 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) Mendelsohn Commerce 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.

| | |
|---|--|
| Client Signature | |
| I have read and agree to the Terms and Conditions of this Contract. | |
| | |
| Signature: | |
| Name: | |
| Title: | |
| Date: | |

| | |
|--|--|
| Accepted by Mendelsohn Commerce | |
| | |
| Signature: | |
| 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 DOCK DOOR #2 CHICAGO, IL 66666</p> | <p>2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada</p> <p>04/03/2014</p> <p>3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)</p> <p>IRS# 12-3456789</p> |
| <p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p> <p>ABC DISTRIBUTING COMPANY - BOOTH# 234 c/o INT'L MARKETING EVENT EVENT FACILITY 278 SOMEWHERE PLACE TORONTO, ON M5M 2B2</p> | <p>5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire)</p> <p>No sale involved</p> |
| | <p>6 Country of Transshipment / Pays de transbordement</p> <p>N/A</p> |
| | <p>7 Country of Origin of Goods Pays d'origine des marchandises</p> <p>USA</p> <p><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.</small></p> |
| <p>VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?</p> <p>YES <input checked="" type="checkbox"/> OUI NO <input 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.)</p> <p>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>MENDELSSOHN COMMERCE, CHICAGO, IL</p> | <p>10 Currency of Settlement / Devises du paiement</p> <p>USD</p> |

| 11 No. of Pkgs. Nmbre. De Coillis | 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 |
| 6 PCS | DISPLAY BOOTH (BACKWALLS, LIGHTS, GRAPHICS, CARPET) ADVERTISING BROCHURES / CATALOGS / LITERATURE PLASTIC KEY CHAINS BOOKS COMPUTERS COMPUTER MONITORS | 1 1000 50 50 3 3 | \$5,000.00 \$0.10 \$0.50 \$1.00 \$1,000.00 \$500.00 | \$5,000.00 \$100.00 \$25.00 \$50.00 \$3,000.00 \$1,500.00 |

| | | |
|---|---|--|
| <p>XI.1 Total Number of Pieces / Nombre total de pièces</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</p> | <p>17 Invoice Total Total de la facture</p> <p>Gross / Brut 2,750 LBS \$9,675.00</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>Name: JOE SMITH Tel: 708-555-1200 Fax: 708-555-2222</p> | |
| <p>21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu)</p> <p>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</p> <p><input checked="" type="checkbox"/></p> | |
| <p>23</p> | <p>24</p> | <p>25</p> |



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)</p> <p>No sale involved</p> <p>6 Country of Transshipment / Pays de transbordement</p> <p>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.)</p> <p>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 Coillis | 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> |
|---|--|

| | |
|---|--|
| <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 |
|----|----|----|