

Livingston International
1140 West Pender Street, Suite 720
Vancouver BC V6B 4R5
CANADA

604-687-5535
Fax 604-687-1463
1-800-663-0301
www.livingstonintl.com



CUSTOMS BROKERAGE SERVICES

Welcome to the Pediatric Academic Societies' Annual Meeting - PAS 2010 in beautiful Vancouver !

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.

Livingston Event Logistics has been appointed as the official customs broker for the **Pediatric Academic Societies' Annual Meeting "PAS 2010"** held at the **Vancouver Convention Centre** over the dates of **May 1-4, 2010**. Livingston Event Logistics staff will assist exhibitors with their entry/import and return/export of goods.

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 Livingston Event Logistics at show site."

Livingston 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 Livingston Event Logistics (Attention: Stefanie Goss, E-mail: sgoss@livingstonintl.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.

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 U.S. Customs 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 Livingston Event Logistics at once for further instructions!

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Advance Warehouse & Shipping Labels

All advance shipments are to be consigned to the Advance Warehouse as follows:

- Advance Warehouse Shipping Address -
(accepted before April 27, 2010)

* Your Company Name / Your Booth Number *
PAS 2010
c/o Champion - YRC Reimer
3985 Still Creek Avenue
Burnaby, BC V5C 4E2
CANADA

Private Movement of Exhibit Materials

As there are specific regulations for exhibitors using their own trucks or methods of transportation other than common carrier, exhibitors should advise their Customs Broker well in advance of their bonded freight's expected arrival.

GENERAL SHIPPING INFORMATION

Plan to use two labels on each case and mark your booth number plainly with crayon, ink, brush, or stencil. The person in charge of installing your exhibit should know **HOW** and **WHEN** shipments were made in case they become lost. Memoranda of shipping details in their possession will save valuable time.

For further information, please contact us:

Mark Fowler, Director of Operations
Toll: 800-663-0301, ext. 4401
E-mail: mfowler@livingstonintl.com

Stefanie Goss, Event Coordinator
Toll: 800-663-0301, ext. 2402
E-mail: sgoss@livingstonintl.com

LIVINGSTON EVENT LOGISTICS
www.livingstoneventlogistics.com

**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.
DATE

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
---	------

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.

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 Livingston Event Logistics 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:

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 Livingston Event Logistics 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 14/07 - Apr 17/07 Booth #: 234

Shipment Date: Apr 3/07 From (City, State): Chicago, IL Carrier Name: Livingston Event Logistics

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: 12/09

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)

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



CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

1 Vendor (Name and Address) / Vendeur (Nom et Adresse)	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 no de commande de l'acheteur)		
4 Consignee (Name and Address) / Destinataire (Nom et Adresse)	5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) No sale involved		
	6 Country of Transshipment / Pays de transbordement N/ A		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;"> 7 Country of Origin of Goods Pays d'origine des marchandises </td> <td style="padding: 5px;"> 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. </td> </tr> </table>	7 Country of Origin of Goods Pays d'origine des marchandises	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.
7 Country of Origin of Goods Pays d'origine des marchandises	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.		
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles? YES <input type="checkbox"/> OUI NO <input type="checkbox"/> NON	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		
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 / Devises du paiement		

11	12	13	Replacement Value Valeur de Remplacement	
No. of Pkgs. Nbre. De Coillis	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)	Quantity (State Unit) Quantité (Préciser l'unité)	14 Unit Price Prix Unitaire	15 Total

XI.1 Total Number of Pieces / Nombre total de pièces					
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 Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">16 Total Weight / Poids total</td> <td style="width:40%; text-align: center;">17 Invoice Total Total de la facture</td> </tr> <tr> <td style="padding: 5px;"> Net N/ A </td> <td style="padding: 5px;"> Gross / Brut </td> </tr> </table>	16 Total Weight / Poids total	17 Invoice Total Total de la facture	Net N/ A	Gross / Brut
16 Total Weight / Poids total	17 Invoice Total Total de la facture				
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)	20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)
Name: Tel: Fax:	Name: Tel: Fax:

21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/ A	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"/>	
23	24	25



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. / Nbre. De Coils	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, carpet s)	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 / A Gross / Brut</p> <p>N/A 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>
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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