



Mendelsohn
276 St-Jacques St. West, Suite 818
Montreal, QC Canada H2Y 2G4
Tel : 514-987-2700
Fax : 514-849-3446
www.mend.com

MENDELSSOHN CUSTOMS AND TRANSPORTATION SERVICES

MENDELSSOHN SERVICES EN DOUANE ET EN TRANSPORT

MENDELSSOHN has been appointed as official customs broker for The United Nations Climate Change Conference: Montreal 2005. For all customs and shipping needs, we recommend that you deal directly with Mendelsohn. They will advise on how best to ship goods and will assist exhibitors in the completion of customs documents.

Their Customs forms are available on-line @ www.mend.com
or go directly to: www.mend.com/html/download.html

FOR CUSTOMS INQUIRIES PLEASE CONTACT

Ms. Denise Turner

Tel: 514-987-2700 ext. 24	Fax: 514-849-3446	email: dturner@mend.com
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OR

Mr. Jason Poissant

Tel: 514-987-2700 ext. 26	Fax: 514-849-3446	email: jpoissant@livingstonintl.com
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Attached are the forms required to ship your display material to Canada. The Order form is for our internal purposes. The bilingual Canada Customs Invoice must be completed to ship to Canada and 3 copies must accompany your shipment. Please fax both the order form and Canada Customs Invoice to our office prior to shipping @514-849-3446. Please provide us with the tracking number for your shipments to Canada and write "Notify Mendelsohn for customs clearance" on your Canada Customs Invoices. The shipment order form must be completed should you require our transportation service.

MENDELSSOHN a été mandaté à titre de courtier en douane officiel pour le United Nations Climate Change Conference: Montreal 2005. Pour tout renseignements de dédouanement, nous vous recommandons de vous adresser à Mendelsohn. Il vous informera sur la meilleure façon d'envoyer votre matériel d'exposition et vous aidera à compléter les documents de douane nécessaires.

**Vous pouvez obtenir les formulaires de douane sur leur site web: www.mend.com
ou allez directement : www.mend.com/html/download.html**

POUR TOUTES QUESTIONS DE DOUANE, VEUILLEZ COMMUNIQUER AVEC

Mme Denise Turner

Tel: 514-987-2700 ext. 24	Fax: 514-849-3446	courriel: dturner@mend.com
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M. Jason Poissant

Tel: 514-987-2700 ext. 26	Fax: 514-849-3446	courriel: jpoissant@livingstonintl.com
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Order Form

Customs and
Transportation Services

MENDELSSOHN
A LIVINGSTON Company

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: 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

MENDELSSOHN
A LIVINGSSTON Company

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 DOUANES 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</p> <p>Official Carrier, 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. Nbre. De Coillis</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>14 Unit Price Prix Unitaire</p> <p>15 Total Valeur de Remplacement</p>	
<p>2 pcs</p> <p>2 pcs</p> <p>1 pc</p> <p>1 pc</p> <p>3 pcs</p> <p>2 pcs</p>	<p>Wooden Crates - Display Booth (backwalls, lights, graphics, carpets)</p> <p>Cartons - Advertising Brochures / Catalogs / Technical Literature</p> <p>Carton - Plastic Key Chains</p> <p>Carton - Books</p> <p>Crates - Computers (Certificate of Registration Attached)</p> <p>Crates - Computer Monitors (Certificate of Registration Attached)</p>	<p>1</p> <p>1000</p> <p>50</p> <p>50</p> <p>3</p> <p>2</p>	<p>\$5000.00</p> <p>\$0.10</p> <p>\$0.50</p> <p>\$1.00</p> <p>\$1000.00</p> <p>\$500.00</p>	<p>\$5000.00</p> <p>\$100.00</p> <p>\$25.00</p> <p>\$50.00</p> <p>\$1000.00</p> <p>\$1000.00</p>
<p>XI.1 Total Number of Pieces / Nombre total de pièces 11</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>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>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 (Nome et adresse)</p> <p>ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666</p>		<p>Name: Joe Smith Tel: 708-555-1212 Fax: 708-555-1201</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>		
<p>23</p>	<p>24</p>	<p>25</p>		

CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

Page of/de

<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 Transhipment / Pays de transborderment</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 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)	14 Unit Price / Prix Unitaire	15 Total

<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>Gross / Brut</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: right;">Name: Tel: Fax:</p>	<p>20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)</p> <p style="text-align: right;">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>	
23	24	25

From: Transportation Services **Tel:** 416-863-9339 **Fax:** 416-863-5149
Toll Free: 800-665-4628

At: Mendelssohn, 69 Yonge Street, 4th Floor, Toronto, Ontario M5E 1K4
Bill To: Mendelssohn, As above

PLEASE ARRANGE PICK-UP AT THE FOLLOWING LOCATION:

Shipper: ABC Distributing Company
Address: 125 Elm Street
City/State/Zip: Chicago, IL 66666-6666

Contact: Sandy Smith **Tel:** 708-555-1212 **Fax:** 708-555-2222

Hours of Operation: 9:00-5:00 **Dock:** Yes XXXXXX NO

Pick Up Date: 03-Apr **To Arrive By:** 09-Apr

COMMODITY: Exhibit Related Articles

# of pieces	box/crate etc	3 DIMENSIONAL		PER PIECE	
7	crates	@Dimensions Each:	22x13x18	@Weight Each:	27 lbs
4	cartons	@Dimensions Each:	12x12x12	@Weight Each:	28 lbs
		@Dimensions Each:		@Weight Each:	lbs
		@Dimensions Each:		@Weight Each:	lbs
		@Dimensions Each:		@Weight Each:	lbs
		@Dimensions Each:		@Weight Each:	lbs
		@Dimensions Each:		@Weight Each:	lbs
				@Weight Total:	300 lbs

Show Name: International Computing Event **Booth#** 234

Show Location: Event Facility

Consignee: ABC Distributing Company

Address: 100 Anywhere Street
Toronto, ON M7W 2P6

(B)/MCL**

THE COST BELOW IS FOR TRANSPORTATION ONLY AND DOES NOT INCLUDE BROKERAGE CHARGES!!

Rate: _____ **Funds:** _____

FOR BOOKING YOU MUST SIGN & FAX BACK.

Accepted By:(Print Name & Title) _____

Signature: _____ **Date:** _____

****Quote is Based on Information Provided****

****Change In Information Will Result In Rate Change****

****Certain Policy Exclusions Apply****

****For Full Policy Details Check Our Website At www.mend.com****

**** To Decline Cargo Insurance You Must Sign Below****

Signature: _____ **Date:** _____

Shipment Order Form



From: Transportation Services **Tel:** 416-863-9339 **Fax:** 416-863-5149
Toll Free: 800-665-4628

At: Mendelsohn, 69 Yonge Street, 4th Floor, Toronto, Ontario M5E 1K4
Bill To: Mendelsohn, As above

PLEASE ARRANGE PICK-UP AT THE FOLLOWING LOCATION:

Shipper: _____
 Address: _____
 City/State/Zip: _____
 Contact: _____ Tel: _____ Fax: _____
 Hours of Operation: _____ Dock: Yes No
 Pick Up Date: _____ To Arrive By: _____

COMMODITY: Exhibit Related Articles

# of pieces	box/crate etc	3 DIMENSIONAL	PER PIECE
		@Dimensions Each:	@Weight Each:
		@Dimensions Each:	@Weight Each:
		@Dimensions Each:	@Weight Each:
		@Dimensions Each:	@Weight Each:
		@Dimensions Each:	@Weight Each:
		@Dimensions Each:	@Weight Each:
		@Dimensions Each:	@Weight Total:

Show Name: _____ Booth# _____
 Show Location: _____
 Consignee: _____
 Address: _____

(B)/MCL**

THE COST BELOW IS FOR TRANSPORTATION ONLY AND DOES NOT INCLUDE BROKERAGE CHARGES!!

Rate: _____ Funds-**One Way**
FOR BOOKING YOU MUST SIGN & FAX BACK.

Accepted By: (Print Name & Title) _____
 Signature: _____ Date: _____

****Quote is Based on Information Provided****
****Change In Information Will Result In Rate Change****
****Certain Policy Exclusions Apply****
****For Full Policy Details Check Our Website At www.mend.com****
**** To Decline Cargo Insurance You Must Sign Below****

Signature: _____ Date: _____