



ATTENTION CACCN EXHIBITORS!

Livingston Event Logistics is pleased to serve as the official customs broker and logistics provider for the **CACCN Annual Conference** to be held in Edmonton, AB on September 19 - 21st 2010. We are available to help with your customs clearance, shipping and logistics requirements.

CUSTOMS CLEARANCE

Livingston Event Logistics will assist you with the correct preparation of all forms required to clear your goods through Canadian customs, post the necessary temporary import bonds and pay any duty or taxes on your behalf. We will also prepare your documents for the return to the U.S. and clear your goods through U.S. customs. With offices located at all major border points in Canada and the U.S. open 24 / 7 and at all major cities across Canada, Livingston is here to help you with your customs needs.

SHIPPING & LOGISTICS

We would be pleased to provide you with a quotation to ship your goods to the venue and back to the U.S. By partnering with the largest show freight company in the U.S., YRC, we can offer you preferred rates anywhere in continental North America. Plus, if you ship with YRC, advance warehousing at any YRC warehouse in Canada is complimentary. We can also provide quotations on domestic shipping within Canada, local cartage, and international air freight.

ADVICE & CONSULTATION

Do you have a question about the duty rate on a specific item? What are the pros and cons of shipping by ground? Do I need special forms for computers? Can I return unused t-shirts back to the U.S.? Get answers to your questions plus help with **forms, customs clearance, shipping quotations and advance warehousing** by contacting:

Christine Arseneau

Manager, Sales & Operations

(403) 291-5332 extension 5249

carseneau@livingstonintl.com

3636 - 23rd Street N.E. Calgary Alberta T2E 8Z5

Shipment Order Form

Customs and
Transportation Services

Tel: (403)291-5332
Toll Free: (888)853-9599
Fax: (403)291-5305



To obtain a quotation for Livingston Event Logistics Transportation Services, please complete this form and fax to (403)291-5305.

Section 1 Pick-Up Information

Shipper:

Address:

City:

State:

Zip:

Contact:

Tel:

Fax:

Hours of Operation:

Dock: Yes No

Lift Gate Required: Yes No

Inside Pick-Up: Yes No

Pick-Up Date:

To Arrive By:

Section 2 Freight Information

COMMODITY: Exhibit Related Articles

# of Pieces	Box/Crate/etc.	Length	Width	Height	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 Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:

Total Weight:

Section 3 Event Information

Event Name:

Event Location:

Consignee / Exhibitor Name:

Booth #:

Address:

- Upon receipt of this completed form, Livingston Event Logistics Transportation Services will issue a quotation based on the information provided.
- In order to book your pick-up, the quotation must be signed and faxed back to (403)291-5305.
- All quotations provided by Livingston Event Logistics Transportation Services are for Transportation ONLY and DO NOT include Customs Brokerage Charges.
- To receive a quotation for Customs Brokerage Charges and/or Cargo Insurance, a Canada Customs Invoice/Commercial Invoice must be provided.

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

<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>
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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>	
<p>23</p>	<p>24</p>	<p>25</p>



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

1 Vendor (Name and Address) / Vendeur (Nom et Adresse) ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666		2 Date of Direct Shipment to Canada / Date d'expédition directe vers le Canada 4/3/1999 3 Other References (Include Purchaser's Order No.) / Autres références (inclure le no de commande de l'acheteur) 10-9999999						
4 Consignee (Name and Address) / Destinataire (Nom et Adresse) ABC Distributing Company / Booth 234 International Computing Event c/o Event Facility 100 Anywhere Street Toronto, ON M7W 2P6		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 7 Country of Origin of Goods / Pays d'origine des marchandises USA <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>						
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		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 Mendelssohn, Chicago, IL		10 Currency of Settlement / Devises du paiement USD						
11	No. of Pkgs. Nmbre. De Coills	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, 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
XI.1 Total Number of Pieces / Nombre total de pièces		11						
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"/>				16 Total Weight / Poids total Net / N/A		Gross / Brut 300 lbs		17 Invoice Total / Total de la facture \$9,175.00
19 Exporter's Name and Address (if other than Vendor) / Nom et adresse de l'exportateur (s'il diffère du vendeur) Name: Tel: Fax:			20 Originator (Name and Address) / Expéditeur d'origine (Nom et adresse) ABC Distributing Company Name: Joe Smith 125 Elm Street Tel: 708-555-1212 Chicago, IL Fax: 708-555-1201 66666-6666					
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				