

North American Logistics Services Inc.
(NALSIS)
49 Simpson Rd.
Bolton, ON
L7E 2R6

Tel: 416-585-8227
www.nalsi.com



Customs Clearance Services

IEEE ICASSP 2018
Int'l Conference on Acoustics, Speech and Signal Processing
April 15th – April 20th, 2018
TELUS Convention Centre, Calgary, AB

North American Logistics Services Inc. (formerly Mendelssohn Commerce) has been appointed as the official customs broker for the **IEEE ICASSP 2018** to be held at the **Calgary TELUS Convention Centre, April 15th – April 20th, 2018**.

For all customs needs, we recommend you deal directly with **North American Logistics Services Inc.**

For Customs inquiries please contact:

Andrea Mirgel

Tel: 778-328-2841	Mobile: 604-754-8738	Email: amirgel@nalsi.com
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Prior to shipping, the **Order Form** and **Canada Customs Invoice (CCI)** should be completed and forwarded to our office (Attn: Andrea Mirgel, amirgel@nalsi.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 North American Logistics Services Inc. 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 send all appropriate customs documents to our office at amirgel@nalsi.com.** It is important to provide North American Logistics Services Inc with your carrier's name and tracking number. ☞

COF: Customs Order Form: Mandatory for customs clearance. Without this document North American Logistics Services Inc. 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 NALSIS representative about this.**

NORTH AMERICAN LOGISTICS SERVICES INC.

Please complete, print, sign and return completed forms to order@nalsi.com

Quote ID# _____

FB# _____

ORDER FORM: Customs Brokerage & Transportation Services

We wish to use North American Logistics Services for: (Please check one)

☐ Customs Clearance & Transportation ☐ Customs Clearance Only ☐ Transportation Only ☐ Advance Warehousing

Section 1 - Exhibitor and Event Information

Pick Up Address	***Company name or facility name***			Pickup Date:	Time:
	Location Name:		City:	Prov./State:	Postal/Zip:
	Address:		Phone #:		US Tax #/EIN:
	Contact:	Email:			
	Exhibitor Name:	Event Name:	Event Date(s):	Booth #:	

Delivery Address	***Company name or facility name***			Delivery Date:	Time:
	Location Name:		City:	Prov./State:	Postal/Zip:
	Address:		Phone #:		US Tax #/EIN:
	Contact:	Email:			
	Exhibitor Name:	Event Name:	Event Date(s):	Booth #:	

☐ Return freight same as pickup address If same, only complete pickup date/time information ☐ Return services not required

Return Freight	***Company name or facility name***			Pickup Date:	Time:
	Location Name:		City:	Prov./State:	Postal/Zip:
	Address:		Phone #:		US Tax #/EIN:
	Contact:	Email:			
	Exhibitor Name:	Event Name:	Event Date(s):	Booth #:	

Section 2 - Carrier/ Shipment Information

Name of carrier providing transportation services <input type="checkbox"/> NALSI <input type="checkbox"/> Other				
Number of Pieces	Dimensions (inches)			Weight (LBS)
Carton/Boxes	L	W	H	
Crates/Fiber Case	L	W	H	
Skid/Pallet	L	W	H	
Carpet/Other	L	W	H	
TOTAL				
Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery				
53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Value: ***for insurance purposes only***				
Cargo Insurance (only to be completed when using NALSI Transportation) **Please note additional fee's will apply for insurance coverage**				

Section 3 - Terms of Payment and Security Deposit (Must be completed)

Send Bill To:	Company Name:		Address:	
	Address:		City:	
	Prov./State:	Postal/Zip:	Contact Name:	Phone #:

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	Card Account #:	Expiry Date:	CVC #:
Cardholder's Signature:	Email:	I hereby authorize the use of this credit card for payment of services related to this order form.	
<input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5% administration fee will be added to invoices paid by credit card. <input type="checkbox"/> OPTION #2 Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5% administration fee will be added to invoices paid by credit card.			

Please complete, print, sign and return completed forms to order@nalsi.com

Toronto/Head Office
Tel: 905.951.1612

Montreal/Eastern Region
Tel: 514.868.6650

Vancouver/Western Region
Tel: 778.328.2841



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

PROTECTED / PROTÉGÉ **B** when completed / une fois rempli

Page 1 of 1
de 1

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 4/3/2007		
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		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 10-9999999		
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada North American Logistics Services Inc		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 Various - See Below		
		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.		
		9. Conditions of sale 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		
		10. Currency of settlement - Devises du paiement USD		
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	14. Unit price Prix unitaire	15. Total
2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets) - USA	1	\$5,000.00	\$5,000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technical Literature - USA	1000	\$0.10	\$100.00
1 pc	Carton - Plastic Key Chains - CHINA	50	\$0.50	\$25.00
1 pc	Carton - Books - USA	50	\$1.00	\$50.00
3 pcs	Cases - Computers - CHINA	3	\$1,000.00	\$3,000.00
2 pcs	Cases - Computer Monitors - JAPAN	2	\$500.00	\$1,000.00
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale		16. Total weight - Poids total Net N/A		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)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse) ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666		
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying Les commissions autres que celles versées pour achat (iii) Export packing Le coût de l'emballage d'exportation		
		25. Check (if applicable): Cochez (s'il y a lieu): (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises		

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Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.

**CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES**

Page _____ of _____

1. Vendor (name and address) - Vendeur (nom et adresse) 		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada 					
4. Consignee (name and address) - Destinataire (nom et adresse) 		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 					
		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) <p align="center">NO SALE INVOLVED</p>					
6. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada 		6. Country of transshipment - Pays de transbordement <p align="center">N/A</p>					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> 7. Country of origin of goods Pays d'origine des marchandises </td> <td style="width:50%; vertical-align: top;"> IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR 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 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.		
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8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada 		9. Conditions of sale 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 align="center">NO SALE INVOLVED</p>					
		10. Currency of settlement - Devises du paiement 					
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2">Selling price - Prix de vente</th> </tr> <tr> <td style="width:50%; vertical-align: top;"> 14. Unit price Prix unitaire </td> <td style="width:50%; vertical-align: top;"> 15. Total </td> </tr> </table>	Selling price - Prix de vente		14. Unit price Prix unitaire	15. Total
Selling price - Prix de vente							
14. Unit price Prix unitaire	15. Total						
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Net</td> <td style="width:50%;">Gross - Brut</td> </tr> </table>		Net	Gross - Brut		
		Net	Gross - Brut				
17. Invoice total Total de la facture							
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) 					
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu) <p align="center">N/A</p>		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>					
23.	24.	25.					

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.

NORTH AMERICAN LOGISTICS SERVICES INC.

Please complete, print, sign and return completed forms to accounting@nalsi.com

Quote ID# _____

FB# _____

Date: _____

METHOD OF PAYMENT INFORMATION

Terms of Payment and Security Deposit (Must be completed).

Invoices are processed electronically and transmitted to address provided below:

Send Bill To:	Company Name: _____	Address: _____		
	Address: _____	Email: _____	City: _____	
	Prov./State: _____	Postal/Zip: _____	Contact Name: _____	Phone #: _____

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name: _____	Card Account #: _____	Expiry Date: _____	CVC #: _____
Cardholder's Signature: _____ Email: _____ I hereby authorize the use of this credit card for payment of services related to this order form.			
<input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5% administration fee will be added to invoices paid by credit card.			
<input type="checkbox"/> OPTION #2 Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5% administration fee will be added to invoices paid by credit card.			

Credit card payments on invoices billed in US dollars are processed using the Canadian dollar rate stated on the invoice. Billing errors must be reported within 20 days of invoice date. Terms are net 15 days from invoice date. Interest is payable at the rate of 2% per month, 30 days after invoice date. NSF cheques are subject to an administration fee of \$50.00. Accounts placed to a collection agency are subject to an automatic \$50.00 service charge. Please report any billing inquiries or concerns to accounting@nalsi.com upon receipt of invoice.

By signing above I hereby acknowledge having read and agreed to invoice/payment terms and conditions stated above.

Please complete, print, sign and return completed forms to accounting@nalsi.com

Toronto/Head Office
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Montreal/Eastern Region
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Calgary/Prairie Region
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