

***NORTH AMERICAN  
LOGISTICS SERVICES INC.***



[www.nalsi.com](http://www.nalsi.com)



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1112 W. Pender Street, Suite 605 | Vancouver, B.C. | V6E 2S1 | CANADA

## OFFICIAL SUPPLIER

# 7TH INTERNATIONAL SYMPOSIUM ON STURGEON July 21 - 25, 2013 Vancouver Island Conference Centre Nanaimo, CANADA

## CUSTOMS BROKERAGE & FREIGHT SERVICES

### CUSTOMS BROKERAGE SERVICES

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 to the exhibition late, or not at all. **North American Logistics Services, Inc. (NALS)** has been appointed as the official customs broker for **ISS7** to be held at the **Vancouver Island Conference Centre** over the dates of **July 21-25, 2013**. It is not compulsory to use NALS Customs, but ISS7 strongly recommends that you do. NALS staff will assist exhibitors with their entry/import and return/export of any exhibition materials.

NALS 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 for return ground/air freight. If you are shipping from the U.S. 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 NALS at event site." Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** must be completed and sent to NALS (**Attn: Mark Fowler, E-mail: [mfowler@nalsi.com](mailto:mfowler@nalsi.com), or Fax: 778-328-2845**). 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.



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<b>FREIGHT SERVICES</b>
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In order to facilitate the most efficient and cost effective service possible, **North American Logistics Services, Inc. (NALS)** has been appointed as the official freight carrier for the **ISS7** to be held at the **Vancouver Island Conference Centre** over the dates of **July 21-25, 2013**. It is not compulsory to use NALS Freight, but ISS7 strongly recommends that you do. This service will also facilitate only one invoice for both your transportation & customs brokerage requirements.

Complete the enclosed **Order Form** and send to NALS (**Attn: Mark Fowler, E-mail: [mfowler@nalsi.com](mailto:mfowler@nalsi.com), or Fax: 778-328-2845**). Please contact Mark Fowler as soon as possible to organize the pick-up of your exhibition materials.

**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 NALS at once for further instructions.

Use two labels on each shipping case and clearly mark your booth number as well. Please contact NALS as soon as possible to arrange p/u of your materials and to ensure all Customs documentation is completed in compliance with the Canada Border Services Agency's rules and regulations.

*For assistance please contact:*

**Mark Fowler**  
**Toll Free:**  
**E-mail:**

**Director of Operations**  
**855-328-2841**  
**[mfowler@nalsi.com](mailto:mfowler@nalsi.com)**

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# NORTH AMERICAN LOGISTICS SERVICES INC.

## ORDER FORM Customs Brokerage, Transportation, Y ctgj qwulpi

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

<b>Pick Up Address</b>	Exhibitor/Company Name:		U.S Tax # or U.S IRS Identification #:		
	Address:	City:	Prov./State:	Postal/Zip:	
	Event Name:		Facility Name:		
	Event Date(s):		Booth #:		
	Shipment Date:		From (City, State):		Carrier Name:
<b>Delivery Address</b>	Company Name:		Event Name:		
	Address:				
	Address:				
	City:		Prov./State:	Postal/Zip:	
	On Site Contact:		Cell Phone #:		
<b>Return Freight</b>	Company Name:		Event Name:		
	Address:				
	City:		Prov./State:	Postal/Zip:	
	Contact Name:		Phone #:		
	<b>Send Bill To:</b>	Company Name:		Event Name:	
Address:					
City:		Prov./State:	Postal/Zip:		
Contact Name & E-mail:		Phone #:	Fax #:		

### Section 2 - Shipment Information

Carrier (if not using North American Logistics Services Inc.):				
Pick up Date:	Time:	Delivery Date:	Time:	
Representative at the Event:		Tel:	Email:	
<b>Number of Pieces</b>	<b>Dimensions (inches)</b>			<b>Weight (LBS)</b>
Carton/Boxes	L	W	H	
Crates/Fiber Case	L	W	H	
Skid/Pallet	L	W	H	
Carpet/Other	L	W	H	
<b>TOTAL</b>				
<b>Requested Service Level:</b>		<b>Additional Services Required:</b>		
<input type="checkbox"/> Air <input type="checkbox"/> 2nd Day <input type="checkbox"/> Truck		<input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery		
<b>Cargo Insurance</b> (only to be completed when using NALSI Transportation)		Do you require additional Insurance?		
**Please note additional fee's will apply for insurance coverage**		<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card Holder Name:	Title:		
Card Account #:	Expiry Date:	CVC #:	
Card Holder's Signature:			
I hereby authorize the use of this credit card for payment of services related to this order form.			

Please Fax completed order to 99: .54: .4: 67

**North American Logistics Services Inc.**  
 Phone: . . . / 8 . . . Fax: . . .  
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**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"/> Gross / Brut</p> <p>N/A</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>

DEPARTMENT OF HOMELAND SECURITY  
U.S. 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.
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VIA (Carrier)	B/L or INSURED NO.	DATE
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"/> PROCESSING* <input type="checkbox"/> REPAIR* <input type="checkbox"/> OTHER, (specify) _____ <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT                        _____	
* 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 and Sign)	DATE
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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 and Sign)	DATE
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**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0010. The estimated average time to complete this application is 3 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.