# NORTH AMERICAN LOGISTICS SERVICES INC.



OFFICIAL CUSTOMS BROKER AND FREIGHT SERVICES PROVIDER FOR THE IEEE 2012 Haptics Symposium.



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# Welcome to the 2012 Haptics Symposium

#### FREIGHT, CUSTOMS BROKERAGE, ADVANCE WAREHOUSE INFORMATION

#### **FREIGHT**

In order to facilitate the most efficient and cost effective service possible, **North American Logistics Services**, **Inc. (NALSI)** has been appointed as the official transportation carrier for the **IEEE 2012 Haptics Symposium** held at the **Sheraton Vancouver Wall Centre Hotel** over the dates of **March 4-7, 2012**. It is not compulsory to use NALSI, but we strongly advise and recommend that you do. This service will also facilitate only one invoice for both your freight and customs clearance requirements if required.

Complete the enclosed **Order Form** and send to NALSI (Attention: Mark Fowler, E-mail: <a href="mailto:mfowler@nalsi.com">mfowler@nalsi.com</a> or Fax: 778-328-2845). Please contact Mark as soon as possible to schedule the pick-up of your materials from within Canada or the U.S.A.

#### **CUSTOMS BROKERAGE**

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. **North American Logistics Services, Inc. (NALSI)** has been appointed as the official customs broker for the **IEEE 2012 Haptics Symposium** held at the **Sheraton Vancouver Wall Centre Hotel** over the dates of **March 4-7, 2012.** NALSI staff will assist exhibitors with their entry/import and return/export of goods.

NALSI 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 NALSI at event site." Prior to shipping, the enclosed Order Form and Canada Customs Invoice must be completed and sent to NALSI (Attention: Mark Fowler, E-mail: 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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#### **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 NALSI at once for further instructions!

#### ADVANCE WAREHOUSE / SHIPPING LABEL

All freight must be consigned to the following Advance Warehouse location:

Receiving cut-off: March 2, 2012

LABEL

[ Your Company / Exhibiting Name Here ]

**IEEE Haptics Symposium** 

c/o NALSI - Aerostream 4840 Miller Road, Unit #130 Vancouver, BC V7B 1K7

CANADA

RECEIVING HOURS: Mon. - Fri. / 8:30am -4:30pm

#### **GENERAL SHIPPING INFORMATION**

Plan to use two labels on each case and mark your booth number as well. Please contact NALSI as soon as possible to ensure your freight and customs clearance requirements are covered.

Please contact: Mark Fowler, Director of Operations

Telephone: 778-328-2841 E-mail: mfowler@nalsi.com



### **Order Form**

Title:

**Customs Brokerage & Transportation Services** Please send completed form to Mark Fowler, Director of Operations E-mail: mfowler@nalsi.com or Fax: 778.328.2845 We wish to use North American Logistics Services for: (Please check one) ☐ Customs Clearance & Transportation ☐ Customs Clearance Only ☐ Transportation Only 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 #: Carrier Name: From (City, State): Shipment Date: □ lbs □ kgs It consists of (# of Cartons, etc.): Weight: Representative at the Event: Tel: Email: Section 2 **Return Shipment Consignment Information** Company Name: Address: Province/State: City: Postal/Zip: Tel: Fax: Name: Email: Ship VIA: ☐ Common Carrier ☐ Our Company Vehicle ☐ Van Line Service ☐ Air Freight Terms of Payment and Security Deposit (Must be completed) Section 3 Charge to: ☐ Visa ☐ MasterCard ☐ American Express Card Holder Name: Title: Card Account #: **Expiry Date:** Card Holder's Signature: ☐ I Hereby authorize the use of this credit card for payment of services relative to this order; Alternative methods of payment are bank wire transfer or pre-payment on credit card. Section 4 **Invoicing/Statement Information** Company name: Address: Province/Sate: City: Postal/Zip: Name: Tel: Fax: Email: This document was completed by (Please print full name):

Date:



## **Order Form**

Customs Brokerage & Transportation Services Please send completed form to Mark Fowler, Director of Operations E-mail: mfowler@nalsi.com or Fax: 778.328.2845 We wish to use North American Logistics Services for: (Please check one) ✓ Customs Clearance & Transportation ☐ Customs Clearance Only ☐ Transportation Only **Exhibitor and Shipment Information** Section 1 Exhibitor/Company Name: XYZ Company U.S Tax # or U.S IRS Identification #: 900-70-00000 or 900-80-0000 Facility Name: Vancouver Convention Centre Event Name: Vancouver International Boat Show Event Date(s): January 22-23, 2011 Booth #: 429 Carrier Name: NALSI Shipment Date: January 12, 2011 From (City, State): Miami, Florida ☑ lbs □ kgs It consists of (# of Cartons, etc.): 15 crates Weight: 12,500 Representative at the Event: Mr. J. Smith Tel: 305-395-3545 Email: jsmith@xyzcompany.com Section 2 **Return Shipment Consignment Information** Company Name: XYZ Company Address: 1234 Biscayne Blvd. City: Miami Province/State: Florida Postal/Zip: 33014 Tel: 305-395-3545 Name: Mr. J. Smith Fax: 305-395-3546 Email: jsmith@xyzcompany.com Ship VIA: ☑ Common Carrier ☐ Our Company Vehicle ☐ Van Line Service ☐ Air Freight Section 3 Terms of Payment and Security Deposit (Must be completed) Charge to: ✓ Visa ☐ MasterCard ☐ American Express Card Holder Name: Mr. J. Smith Title: Executive Director Card Account #: 0000-0000-0000-0000 Expiry Date: 06/13 Card Holder's Signature: I Hereby authorize the use of this credit card for payment of services relative to this order; Alternative methods of payment are bank wire transfer or pre-payment on credit card. Section 4 **Invoicing/Statement Information** Company name: XYZ Company Address: 1234 Biscayne Blvd. Province/Sate: Florida City: Miami Postal/Zip: 33014 Name: Mr. J. Smith Tel: 305-395-3545 Fax: 305-395-3546 Email: jsmith@xyzcompany.com This document was completed by (Please print full name): Jennifer Brown Title: Executive Director Date: January 4, 2011

23

	Services Agency frontaliers du Canada				
CA	ANADA CUSTOMS INVOICE / FACTURE DES DOUANN	IES CANADI	ENNES	Page	of/de
1	Vendor (Name and Address) / Vendeur (Nom et Adresse)		ct Shipment to Canad dition directe vers le (		
			ences (Include Purch ences (inclure le no d	aser's Order No.) e commande de l'ach	eteur)
4	Consignee (Name and Address) / Destinataire (Nom et Addresse)		esse de l'acheteur (s	(if other than Consigne s'il diffère du destinata	
		6 Country of T	ranshipment / Pays o	de transborderment	
			Origin of Goods des marchandises	If shipment includes go origins, enter origins ag field 12. Si l'expedition compren marchandises d'origine preciser la provenance	ainst items in d des s differentes, en
VII.	1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?  YES □ OUI NO ☒ NON	( <i>i.e.</i> Sale, Co Conditions d	e vente et modalitiés	Payment t, Leased Goods, etc.) de paiement (p. Ex. V on de marchandises,	/ente,
	TES LI OOI NO MI NON	No sale invol	ved		
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 / Devis	es du paiement	
11	No. of Pkgs. Nmbre. De Coilis  Specification of Commodities (Kind of Packages Mark Numbers, General Description and Characteristics <i>i.e.</i> Designation des articles (Nature des colis, marques e description générale et charactéristiques. <i>P. Ex.</i> Class	. Grade Quality) t numéros,	Quantity (State Unit) Quantité (Préciser l'unité		
				14 Unit Price Prix Unitaire	15 Total
XI.1					Invoice
	If any fields of 1 to 17 are included on an attached commercial invoice Si les renseignements des zones 1 à 17 figurenet sur la facture comr cette case			ight / Poids total	17 Total Total de la
Соі	mmercial Invoice No. / No. De la facture commerciale	□	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)	70	tor (Name and Addre teur d'origine (Nom e	,	
	Name:	1	<u> </u>	Name:	
	Tel:			Tel:	
	Fax:			Fax:	
21	Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu)  N/A			licable, check this box ans objet, cocher cette	

25

24

CANADA C	USTOMS INVOICE / FACTURE DES DOUANN	IES CANADII	ENNES		Page :	1 of/de 1
1 Vendor (Na	ame and Address) / Vendeur (Nom et Adresse)		ct Shipment to Canad dition directe vers le			
ARC Distrib	outing Company	4/3/2007	anion anecte vers te v	Janada		
125 Elm Str		3 Other References (Include Purchaser's Order No.)				
Chicago, IL		Autres références (inclure le no de commande de l'acheteur)				
66666-666	6	10-9999999	)			
4 0 :			Name and Address (			
4 Consignee	(Name and Address) / Destinataire (Nom et Addresse)		resse de l'acheteur (s	il differe	e du destinata	ure)
ABC Distrib	outing Company / Booth 234	No sale involved				
Internation	al Computing Event	6 Country of T	ransshipment / Pays	de trans	sborderment	
c/o Event F	acility	N/A				
100 Anywhe			Origin of Goods des marchandises		ent includes god enter origins ag	
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M7W 2P6		USA		marchar		s differentes, en
VII. 1 Is this	a related company transaction?		Sales and Terms of F	ayment		
Est-ce	que les compagnies sont liées entre elles?		onsignment Shipment le vente et modalitiés			
YES	□ OUI NO ☒ NON		n consignation, locati			
		No sale invo	lved			
	tion: Give Mode and Place of Direct Shipment to Canada Préciser mode et lieu d'expédition directe vers le Canada	10 Currency	of Settlement / Devis	es du pa	aiement	
North Amer	rican Logistics Services Inc., Chicago, IL	USD				
No. of Pkgs.	Specification of Commodities (Kind of Packages Mark Numbers, General Description and Characteristics <i>i.e.</i>	O d. O 1'(. )	Quantity 13 (State Unit)		Replaceme	ent Value
Nmbre.  De Coilis	Designation des articles (Nature des colis, marques e description générale et charactéristiques. <i>P. Ex.</i> Class	t numéros,	Quantité (Préciser l'unité		Valeur de Re	
De Collis	description generale et characteristiques. F. Lz. Glass	se, qualite)	(Freciser Furnite	14	Unit Price	15 Total
2 pcs	Wooden Crates – Display Booth (backwalls, lights, grap	hics carpets)	1		Prix Unitaire 000.00	\$5000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technica		1000	\$0		\$100.00
		Literature				
1 pc	Carton - Plastic Key Chains		50		.50	\$25.00
1 pc	1 pc Carton - Books		50	\$1.		\$50.00
3 pcs	3 pcs Crates - Computers		3	\$10	00.00	\$1000.00
2 pcs	Crates - Computer Monitors		2	\$5	00.00	\$1000.00
40	umber of Pieces / Nombre total de pièces 11					
	ds of 1 to 17 are included on an attached commercial invoice seignements des zones 1 à 17 figurenet sur la facture comr		16 Total We	ight / Po	oids total	Invoice 17 Total Total de la
		_	Net	Gro	oss / Brut	facture
Commercial Inv	voice No. / No. De la facture commerciale	Ц	N/A	30	00 lbs	\$7,175.00
	s Name and Address (if other than Vendor) dresse de l'exportateur (s'il diffère du vendeur)		ator (Name and Addre teur d'origine (Nome		esse)	
	Name:		ibuting Company		Name: J	oe Smith
Tel:		125 Elm Street			Tel: 7	08-555-1212
	Fax:	Chicago, IL Fax: 708-			08-555-1201	
	ntal Ruling (if applicable)	If fields 23 to 25 are not applicable, check this box				
Décision r	ministérielle (s'il y a lieu)	Si les z	ones 23 à 25 sont sa	ins objet	., cocher cette	case

			ELAND SECURITY order Protection		Form Approved. OMB No. 1651-0010 Exp. 08-31-2012
	CERT	IFICATE OF R	EGISTRATION		
19 CFR 10.8, 10.9, 10 148.1, 148.8, 148.32,			nitted varies with type of tr number of copies required		
VIA (Carrier)			B/L or INSURED NO.		DATE
NAME, ADDRESS, A	ND ZIP CODE TO WHICH CI	ERTIFIED FORM IS		ARTICLES EXP	ORTED FOR:
TO BE MAILED (If Ap	pplicable)		ALTERATION* REPAIR* USE ABROAD REPLACEMENT	-	PROCESSING* OTHER, (specify)
				abroad is sub	alterations, repairs, or processing ject to CBP duty.
Number	Kind of	LIST AR	TICLES EXPORTED	Description	
Packages	Packages			Description	
▲ SIGNATURE O	F OWNER OR AGENT ( <i>Prin</i> t	or Type <u>and</u> Sign)			DATE
SIGNATURE O					
		The Above	-Described Articles Were:		
DATE	EXAMINED PORT		DATE	LADEN under n	
DATE.			BATE	TOKI	
SIGNATURE OF CBI	P OFFICER		SIGNATURE OF CBP	OFFICER	
		CERTIF	ICATE ON RETURN		
Duty-free entry is clai reverse if needed)	med for the described articles	s as having been expo	rted without benefit of dra	wback and are retur	ned unchanged except as noted: (use

SIGNATURE OF IMPORTER (Print or Type and Sign)

DATE

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.

Form Approved.	OMB No.	1651-0010
Exp. 08-31-2012	2	

	U.S. C		ELAND SECURITY order Protection EGISTRATION		Exp. 08-31-2012	
19 CFR 10.8, 10.9, 10 148.1, 148.8, 148.32,			itted varies with type of transaction number of copies required.)	1.		
VIA (Carrier)			B/L or INSURED NO.		DATE	
	n Logistics Servi		123- 456789		05/ 27/ 2009	
	ND ZIP CODE TO WHICH C	ERTIFIED FORM IS	ARTI	CLES EXP	ORTED FOR:	
1112 West Pen	rican Logistics S der Street, Suite		ALTERATION* REPAIR* USE ABROAD REPLACEMENT		PROCESSING* OTHER, (specify) exhi bi t i on	
Vancouver, BC V6E 2S1			* NOTE: The cost or abro	value of a ad is sub	alterations, repairs, or processing ect to CBP duty.	
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29	Car t ons		See attached in	vent or v	ı.list	
14	Cr at es	or BIILL OF L U.S. Certifi MUST be prese	ark the following in ADING.  cate of Registration ented for examination he U.S.A. and certif	For m 4	dy of your AIR WAYBILL 1455 attached. Goods	
SIGNATURE OF	OWNER OR AGENT (Prin	t or Type <u>and</u> Sign)			DATE	
Jane Brown			GEROWN		03/ 29/ 2009	
		The Above-	Described Articles Were:			
EXAMINED					y supervision	
DATE	PORT		DATE	PORT		
SIGNATURE OF CBP OFFICER			SIGNATURE OF CBP OFFICER	₹		

CERTIFIC	CATE 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)

1	SIGNATURE OF IMPORTER (Print or Type and Sign)		DATE
7	Jane Brown	JEROWN	03/ 29/ 2009

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.