

NORTH AMERICAN LOGISTICS SERVICES INC.



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

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NORTH AMERICAN LOGISTICS SERVICES INC.

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



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. (NALS)** 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 NALS, 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 NALS (Attention: Mark Fowler, E-mail: mfowler@nalsi.com 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. (NALS)** 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**. NALS staff will assist exhibitors with their entry/import and return/export of goods.

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 (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.



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

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:	<input type="checkbox"/> lbs <input type="checkbox"/> kgs
Representative at the Event:	Tel:	
Email:		

Section 2 Return Shipment Consignment Information

Company Name:		
Address:		
City:	Province/State:	Postal/Zip:
Name:	Tel:	Fax:
Email:		
Ship VIA:	<input type="checkbox"/> Common Carrier <input type="checkbox"/> Our Company Vehicle <input type="checkbox"/> Van Line Service <input type="checkbox"/> Air Freight	

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

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:		
City:	Province/Sate:	Postal/Zip:
Name:	Tel:	Fax:
Email:		
This document was completed by (Please print full name):		
Title:	Date:	



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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: XYZ Company		
U.S Tax # or U.S IRS Identification #: 900-70-00000 or 900-80-0000		
Event Name: Vancouver International Boat Show	Facility Name: Vancouver Convention Centre	
Event Date(s): January 22-23, 2011	Booth #: 429	
Shipment Date: January 12, 2011	From (City, State): Miami, Florida	Carrier Name: NALSI
It consists of (# of Cartons, etc.): 15 crates	Weight: 12,500	<input checked="" type="checkbox"/> lbs <input type="checkbox"/> kgs
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
Name: Mr. J. Smith	Tel: 305-395-3545	Fax: 305-395-3546
Email: jsmith@xyzcompany.com		
Ship VIA:	<input checked="" type="checkbox"/> Common Carrier	<input type="checkbox"/> Our Company Vehicle <input type="checkbox"/> Van Line Service <input type="checkbox"/> 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.		
City: Miami	Province/Sate: Florida	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	



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 Colis	12	13	Replacement Value Valeur de Remplacement	
		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)	Quantity (State Unit) Quantité (Préciser l'unité)	14	15
				Unit Price Prix Unitaire	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>



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES 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 4/3/2007</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? 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 North American Logistics Services Inc., 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. Nmbre. De Coills</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>Replacement Value / Valeur de Remplacement</p>	
<p>2 pcs 2 pcs 1 pc 1 pc 3 pcs 2 pcs</p>	<p>Wooden Crates - Display Booth (backwalls, lights, graphics, carpets) Cartons - Advertising Brochures / Catalogs / Technical Literature Carton - Plastic Key Chains Carton - Books Crates - Computers Crates - Computer Monitors</p>	<p>1 1000 50 50 3 2</p>	<p>14 Unit Price / Prix Unitaire \$5000.00 \$0.10 \$0.50 \$1.00 \$1000.00 \$500.00</p>	<p>15 Total \$5000.00 \$100.00 \$25.00 \$50.00 \$1000.00 \$1000.00</p>
<p>XI.1 Total Number of Pieces / Nombre total de pièces 11</p>		<p>16 Total Weight / Poids total</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>Net / N/A</p> <p>Gross / Brut / 300 lbs</p>		<p>17 Invoice Total / Total de la facture \$7,175.00</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 (Nom et adresse)</p> <p>ABC Distributing Company Name: Joe Smith 125 Elm Street Tel: 708-555-1212 Chicago, IL Fax: 708-555-1201 66666-6666</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>		

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.

VIA (Carrier)	B/L or INSURED NO.	DATE
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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"/> REPAIR* <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> PROCESSING* <input type="checkbox"/> OTHER, (specify) _____ _____ _____
* 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
--	------

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.

