

GES Customs Services

GES is proud to offer our clients a one-source solution for Customs and Transportation service

Reliable and Efficient Service

Experienced and reliable staff you can depend on who specialize in Tradeshow Customs procedures

Personnel are accessible at all times

Value Added Service

Save time and money by making fewer calls

Personalized Service

Telephone, email and fax communication

Forms and instructions for completion in all Exhibitor Service Kits

One-on-one Customs consultation to assist all exhibitors with their specific needs

On-Site Representation

GES Customs Services representatives will be on site from the beginning of move-in and throughout the event until the last shipment leaves the tradeshow floor

Before you ship, contact GES

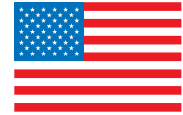
Please contact GES using one of these convenient options:

- Email: CanadaWestLogistics@ges.com
- Phone: 403-243-2212
- Toll free: 800-636-8235
- Fax: 403-243-3868

Leave all your shipping, customs clearance and furniture rentals to GES.



CUSTOMS SIMPLIFIED TIPS FOR SHIPPING ACROSS THE BORDER



WELCOME TO CANADA

Canada is very proud to open its doors and borders to International Conventions, Meetings and Tradeshows. Like all countries, we have rules and regulations with respect to crossing the border and they are controlled and administered by Canada Customs, an official agency of the Revenue Department of the Canadian Government.

GES Customs Brokerage Services can help you make exhibiting across the border a simple and straightforward two-way experience for your people, products and display equipment. The following pages contain information and forms to assist you in that process by explaining what and when things have to be done.

1. Use Official Suppliers

It is beneficial for exhibitors to use the official suppliers selected for the show (i.e. GES Customs Brokerage Services and GES Logistics).

2. Complete Customs Documents

Complete all mandatory and necessary documents and fax copies to our GES office prior to shipping. Send all originals with the shipment and bring 2 copies to the show.

3. Ship on Time

Have materials shipped to arrive 7 days prior to move-in and consolidate shipments to reduce costs. GES Logistics is the recommended transportation carrier. All shipments must be paid for in advance. We do not recommend shipping by parcel carriers or by mail.

4. Hand Carrying or Private Vehicle

Notify GES at least a week in advance if you are bringing goods with you on the plane or crossing the border in a company, rental or personal vehicle.

5. Tracing Service

To assist GES personnel in locating your exhibit freight please bring a record of the shipment "Tracking Number" provided by GES Logistics or your carrier. Our personnel have the knowledge and connections to expedite your shipment to the show site as quickly as possible.

6. Changes & Return Shipments

Notify GES Customs Brokers immediately of any change(s) to what is being shipped, quantities, addresses, etc., as well as what materials will be returned to the U.S. and provide the correct return address.

7. Communicate with GES CUSTOMS/LOGISTICS Contacts

GES will be in touch with you starting 3-4 weeks prior to the event and will have staff on site or on call during move-in, show days, and move-out. Exhibitors will be provided with cell phone numbers for 24-hour, 7-days-a-week access to your GES CUSTOMS and LOGISTICS contacts.

Customs / Transportation Order Form

All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.

GES Customs Brokerage Services are powered by TWI Exhibition Logistics, Inc. The purpose of this form is to authorize TWI Exhibition Logistics, Inc. ("TWI"), located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7 (Business Number 129144481RM0001), a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods. Such business may include, but is not limited to, the following:

1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released;
2. The transportation, warehousing, and distribution of such goods;
3. Accessing Business Number import/export account(s) information.

In signing this form, I grant TWI full power and authority to appoint a sub-agent, where required, and to transact business at the customs office(s) located in all CBSA offices in Canada on our behalf. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below:

Show/Event Name:

Services Required (please check one):

- Customs Clearance and Transportation Customs Clearance Only Transportation Only

Show/Event Dates:

Shipper Info.

Company Name: _____
 IRS #: _____
 Address: _____

 City: _____ State/Prov: _____ Zip/Post: _____
 Contact Name: _____ Tel: _____
 E-mail: _____ Fax: _____

Delivery Info.

Company Name: _____ Booth #: _____
 Facility Name: _____
 Address: _____

 City: _____ State/Prov: _____ Zip/Post: _____
 On-site Contact: _____ Cell: _____
 E-mail: _____

Return Freight Info.

No Return Shipment Same as Shipper
 Company Name: _____
 IRS #: _____
 Address: _____

 City: _____ State/Prov: _____ Zip/Post: _____
 Contact Name: _____ Tel: _____
 E-Mail: _____ Fax: _____

Billing Info.

Company Name: _____
 Importer # (if applicable): _____
 Address: _____

 City: _____ State/Prov: _____ Zip/Post: _____
 Contact Name: _____ Tel: _____
 E-mail: _____ Fax: _____

Terms of Payment and Security Deposit – MUST BE COMPLETED

Payment Info.

Charge to: Visa MasterCard American Express
 Cardholder Name: _____ CVV Number: _____ (3 digit number)
 Credit Card Number: _____ Expiry Date: _____
 I hereby authorize use of this card for payment of services relative to this form.
 Cardholder Signature: _____ Date: _____

Pick-up Info.

Carrier Name & Contact Info: _____ (if using any carrier other than GES)
 Ready for Pick-up: _____ (Date) Available for Pick-up Between: _____ (Times/Hours)
 Loading Dock: Yes No Must Deliver By: _____ (Date & Time)

Commodity Info. **NOTE: Service will be charged on ACTUAL weight & dimensions**

Shipment Info.

# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	Weight (lbs) Each	Per Piece	Total
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		

Total Service Required: One Way Round Trip **Total Weight:** _____
 Requested Service Level: Time Critical 3-5 Day Ground
 Additional Services Required: Lift Gate Inside Pick Up/Delivery Weekend Pick Up/Delivery

Shipment Terms & Conditions

GES assumes no responsibility for shipments left in booth by exhibitor. All materials are subject to final count and correction at time of actual removal from booth. Shipper hereby designates GES as its agent for tendering shipments to carrier. GES reserves the right to reroute any outgoing shipment via an alternate carrier in the event the requested carrier fails to pick up the shipment by established carrier check-in deadline. GES assumes no responsibility for misdirected shipments as a result of old shipping labels which remain on containers. It is the shipper's responsibility to state the national motor freight classification commodity description, otherwise shipment shall be described as exhibition materials.

1) GES shall not be responsible for damage to uncrated materials, materials improperly packed, or concealed damage. 2) GES shall not be responsible for loss, theft, or disappearance of exhibitors material after same has been delivered to exhibitor's booth. 3) GES shall not be responsible for loss, theft, or disappearance of materials before they are picked up from exhibitor's booth for reloading after the show. Bill of Lading covering outgoing shipments, which are furnished by GES to exhibitors, will be checked at time of actual pick-up from booth and corrections made where discrepancies occur. 4) GES shall not be responsible for any loss, damage, or delay due to fire, acts of God, strikes, lockouts or work stoppages of any kind, or to any causes beyond its control. 5) GES's liability shall be limited to the physical loss or damage to the specific article which is lost or damaged, and in any event GES's maximum liability shall be limited to \$0.30 per pound per article with a maximum liability of \$50.00 per item, or \$1,000.00 per shipment, whichever is less. 6) GES shall not be liable to any extent whatsoever for any actual, potential, or assumed losses of profits or revenues, or for any collateral costs, which may result from any loss or damage to an exhibitor's materials which may make it impossible or impractical to exhibit same. 7) The consignment or delivery of a shipment to GES by an exhibitor, or by any shipper to or on behalf of the exhibitor, shall be construed as an acceptance by such exhibitor (and/or other shipper) of the terms and conditions set forth. Exhibitor is responsible to declare all hazardous materials and abide by all federal, state and local laws.

Order Authorization **NOTE: Original Signature Required** Return to GES by fax: (403) 243.3868 or by email: exhibitorserviceswest@ges.com

This order is placed with the specific understanding that we are engaging GES, powered by TWI, as our agent. TWI performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at <http://www.twiglobal.com/twicancustomsterms.pdf>. The foregoing terms, respectively, limit the liability of TWI and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under TWI's "Trading Conditions Applicable to Customs Services", the liability of TWI - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall TWI be liable for any indirect or consequential damages including but not limited to any loss of profit.

We agree to be bound by all Terms and Conditions outlined in this form.



 This form was completed by (please print full name) Title

Please Sign

X _____
 Authorized Signature Date



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- The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released;
- The transportation, warehousing, and distribution of such goods;
- Accessing Business Number import/export account(s) information.

In signing this form, I grant TWI full power and authority to appoint a sub-agent, where required, and to transact business at the customs office(s) located in all CBSA offices in Canada on our behalf. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below:

Show/Event Name: NAME OF THE SHOW / EVENT YOU ARE ATTENDING

Show/Event Dates: DATES THE SHOW / EVENT IS BEING HELD

Services Required (please check one):

- Customs Clearance and Transportation Customs Clearance Only Transportation Only

Shipper Info.

Company Name: ABC COMPANY
 IRS #: 12-3456789
 Address: 123 SOMEPLACE AVENUE
 SUITE 3
 City: NEW YORK State/Prov: NY Zip/Post: 10093
 Contact Name: JOHN SMITH Tel: 555-555-0000
 E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001

Delivery Info.

Company Name: ABC COMPANY Booth #: 1001
 Facility Name: SHOW / EVENT VENUE NAME
 Address: VENUE ADDRESS
 City: CALGARY State/Prov: AB Zip/Post: T0X X0X
 On-site Contact: JANE DOE Cell: 555-555-0002
 E-mail: JDOE@ABCCOMPANY.COM

Return Freight Info.

No Return Shipment Same as Shipper
 Company Name: ABC COMPANY
 IRS #: 12-3456789
 Address: 123 SOMEPLACE AVENUE
 SUITE 3
 City: NEW YORK State/Prov: NY Zip/Post: 10093
 Contact Name: JOHN SMITH Tel: 555-555-0000
 E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001

Billing Info.

Same as Shipper
 Company Name: ABC COMPANY
 Importer # (if applicable): 123456789RM0001
 Address: 123 SOMEPLACE AVENUE
 SUITE 3
 City: NEW YORK State/Prov: NY Zip/Post: 10093
 Contact Name: JOHN SMITH Tel: 555-555-0000
 E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001

Terms of Payment and Security Deposit – MUST BE COMPLETED

Payment Info.

Charge to: Visa MasterCard American Express
 Cardholder Name: JOHN SMITH CVV Number: 123 (3 digit number)
 Credit Card Number: 1234 5678 9123 4567 Expiry Date: 07/22
 I hereby authorize use of this card for payment of services relative to this form.
 Cardholder Signature: *John Smith* Date: OCTOBER 5, 2018

Pick-up Info.

Carrier Name & Contact Info: TRANSPORTATION COMPANY & CONTACT PHONE / E-MAIL (if using any carrier other than GES)
 Ready for Pick-up: MM/DD/YYYY (Date) Available for Pick-up Between: 8:00 AM - 4:00 PM (Times/Hours)
 Loading Dock: Yes No Must Deliver By: MM/DD/YYYY H:MM AM/PM - H:MM AM/PM (Date & Time)

Commodity Info. **NOTE: Service will be charged on ACTUAL weight & dimensions**

Shipment Info.

# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)		Length	Width	Height		Per Piece	Total
2	BOXES	@ Dimensions (Inches) Each	23	23	48	@ Weight (lbs) Each	56	112
1	SKID	@ Dimensions (Inches) Each	48	48	48	@ Weight (lbs) Each	400	400
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
3	Total					@ Weight (lbs) Each		512

Service Required: One Way Round Trip **Total Weight:** _____
 Requested Service Level: Time Critical 3-5 Day Ground
 Additional Services Required: Lift Gate Inside Pick Up/Delivery Weekend Pick Up/Delivery

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We agree to be bound by all Terms and Conditions outlined in this form.



JOHN SMITH

CEO

This form was completed by (please print full name)

Title

Please Sign

x John Smith
 Authorized signature

OCTOBER 5, 2018

Date





Private Vehicle Border Crossing & ACE E-Manifest Information

powered by:



CANADA

Estimated Date of Arrival:

Estimated Time of Arrival:

Port of Crossing into Canada:

****NOTE:** The port of crossing MUST be capable of processing commercial clearances. If your port of crossing is not listed, please contact TWI.

- Pacific Highway (Surrey, BC)
- Huntingdon (Abbotsford, BC)
- Kingsgate, BC
- Coutts, AB
- North Portal, SK

- Emerson, MB
- Blue Water Bridge (Sarnia, ON)
- Ambassador Bridge (Windsor, ON)
- Peace Bridge (Fort Erie, ON)
- Queenston/Lewiston Bridge (Niagara Falls, ON)

- Thousand Islands Bridge (Lansdowne, ON)
- Lacolle, QC
- Woodstock, NB
- International Avenue Bridge (St. Stephen, NB)
- Other (must be verified by TWI): _____

USA

Estimated Date of Arrival:

Estimate Time of Arrival:

Port of Crossing into USA:

****NOTE:** The port of crossing MUST be capable of processing commercial clearances. If your port of crossing is not listed, please contact TWI.

- Pacific Highway (Blaine, WA)
- Sumas, WA
- Eastport, ID
- Sweetgrass, MT
- Portal, ND

- Pembina, ND
- Blue Water Bridge (Port Huron, MI)
- Ambassador Bridge (Detroit, MI)
- Peace Bridge (Buffalo, NY)
- Queenston/Lewiston Bridge (Buffalo, NY)

- Thousand Islands Bridge (Alexandria Bay, NY)
- Champlain, NY (Rouses Point)
- Houlton, ME
- International Avenue Bridge (Calais, ME)
- Other (must be verified by TWI): _____

Border Crossing Info.

Vehicle Info.

Type of Vehicle (Car, Van, Semi-Tractor, Box Truck, etc.):

V.I.N. #:

License Plate #:

State / Province of Registration:

DOT # (if applicable):

Trailer Info.

Type of Equipment (Semi-Truck Trailer, Flatbed, etc.):

V.I.N. #:

License Plate #:

State / Province of Registration:

DOT # (if applicable):

Driver Info.

Full Name:

Date of Birth:

Gender:

Citizenship:

Driver's License #:

Expiry Date:

State / Province of Issue:

Country of Issue:

Passport #:

Expiry Date:

Country of Issue:

Passenger Info.

Full Name:

Date of Birth:

Gender:

Citizenship:

Driver's License #:

Expiry Date:

State / Province of Issue:

Country of Issue:

Passport #:

Expiry Date:

Country of Issue:

****PLEASE ATTACH ADDITIONAL PASSENGER / CREW INFORMATION ON A SEPARATE SHEET****

To be completed ONLY if applicable

Carrier Info.

Standard Carrier Alpha Code (SCAC):

Shipment Control Number (SCN):

Trip Number: