

Livingston International  
1140 West Pender Street, Suite 720  
Vancouver BC V6B 4R5  
CANADA

604-687-5535  
Fax 604-687-1463  
1-800-663-0301  
www.livingstonintl.com



# Pacific Dental Conference

April 15-17  
2010



Vancouver, British Columbia

Join us at the new Vancouver Convention Centre

## 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 too late or not at all.

**Livingston Event Logistics** has been appointed as the official customs broker for the **2010 Pacific Dental Conference** being held at the **Vancouver Convention Centre West, April 15-17, 2010**. Livingston Event Logistics staff will assist the entry/import and return/export of goods.

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 Livingston Event Logistics at show site."

Livingston Event Logistics 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 return for ground/air freight.

Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** must be completed and sent to Livingston Event Logistics (Attention: Robert Skelly, E-mail: [rskelly@livingstonintl.com](mailto:rskelly@livingstonintl.com), or Stefanie Goss, E-mail: [sgoss@livingstonintl.com](mailto:sgoss@livingstonintl.com), Fax: 604-687-1463). 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.

### 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 Livingston Event Logistics at once for further instructions!

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## FREIGHT SERVICES

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In order to facilitate the most efficient and cost effective service possible, **Livingston Event Logistics** has been appointed as the official customs broker for the **2010 Pacific Dental Conference** being held at the **Vancouver Convention Centre West, April 15-17, 2010**. It is not compulsory for exhibitors to use Livingston Event Logistics, but we strongly advise and recommend that you do. This service will not only include free advance warehouse storage for up to 30 days but will also facilitate only one invoice for both your customs and transportation requirements.

To obtain a transportation quote, simply complete the enclosed **Shipment Order Form** and sent to Livingston Event Logistics (Attention: Robert Skelly, E-mail: [rskelly@livingstonintl.com](mailto:rskelly@livingstonintl.com), or Stefanie Goss, E-mail: [sgoss@livingstonintl.com](mailto:sgoss@livingstonintl.com), Fax: 604-687-1463). All transportation quotes are issued in writing as this allows you to know the cost ahead of time. You then have the option to accept or reject the quotation. If accepted, please sign the quotation form authorizing the rate and fax it back to the transportation coordinator that has issued the quote. At that point, the shipment is scheduled for pick-up.

### **Advance Warehouse & Shipping Labels**

All advance shipments are to be consigned to the **ADVANCE WAREHOUSE** as follows:

<b>Advance Warehouse Shipping Address for - GROUND SHIPMENTS - (receiving before April 12, 2010)</b>	<b>Advance Warehouse Shipping Address for - AIR SHIPMENTS - (receiving before April 12, 2010)</b>
* Your Company Name / Your Booth Number * <b>2010 Pacific Dental Conference</b> c/o Livingston Event Logistics / Levy 3985 Still Creek Avenue Burnaby, BC V5C 4E2 CANADA	* Your Company Name / Your Booth Number * <b>2010 Pacific Dental Conference</b> c/o Livingston Event Logistics / Aerostream 4840 Miller Road, Door 28 Richmond, BC V7B 1K7 CANADA

### **Private Movement of Exhibit Materials**

As there are specific regulations for exhibitors using their own trucks or methods of transportation other than common carrier, exhibitors should advise their Customs Broker well in advance of their bonded freight's expected arrival.

### **GENERAL SHIPPING INFORMATION**

Plan to use two labels on each case and mark your booth number plainly with crayon, ink, brush, or stencil. The person in charge of installing your exhibit should know **HOW** and **WHEN** shipments were made in case they become lost. Memoranda of shipping details in their possession will save valuable time. **For further information, please contact:**

**Robert Skelly, Operations Supervisor**  
Toll Free: 800-663-0301, ext. 2108  
E-mail: [rskelly@livingstonintl.com](mailto:rskelly@livingstonintl.com)

**Stefanie Goss, Event Coordinator**  
Toll Free: 800-663-0301, ext. 2402  
E-mail: [sgoss@livingstonintl.com](mailto:sgoss@livingstonintl.com)

**U.S. DEPARTMENT OF HOMELAND SECURITY  
Bureau of 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
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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 <u>and</u> 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 <u>and</u> Sign)	DATE
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**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**

Paperwork Reduction Act Notice: This request is in accordance with the Paperwork Reduction Act. The information to be provided is submitted by importers/exporters. Completion of this form is mandatory and to your benefit. The estimated average burden associated with this collection of information is 3 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.

# Order Form

Customs and  
Transportation Services



The original of this form must be completed to ensure Customs Clearance.  
Please accept this as your authority for Customs Clearance and / or Transportation Services.

We wish to use Livingston Event Logistics services for: (please check one)

- Customs Clearance and Transportation (Shipment Order Form Required)     Customs Clearance Only     Transportation Only (Shipment Order Form Required)

## 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: \_\_\_\_\_  lbs  kgs  
Rep At The Event: \_\_\_\_\_ Staying At (Hotel): \_\_\_\_\_ Tel: \_\_\_\_\_

**Please do not ship via post or parcel courier – we will not be responsible for timely delivery**

## Section 2 Return Shipment Consignment Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province / State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Ship Via:     Common Carrier     Our Company Vehicle     Van Line Service     Air Freight Service

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

**Credit Card Information must be completed**

Charge to:     Visa     MasterCard     American Express  
Cardholder Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Card Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_  
 I hereby authorize the use of this credit card for payment of services relative to this order form.  
Alternative methods of payment are bank wire transfer or pre-payment on credit card. (Receipt 10 days prior to event)

## Section 4 Invoicing/Statement Information

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_  
Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
This document was completed by (Please print full name): \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Order Form

Customs and  
Transportation Services



The original of this form must be completed to ensure Customs Clearance.  
Please accept this as your authority for Customs Clearance and / or Transportation Services.

We wish to use Livingston Event Logistics services for: (please check one)

- Customs Clearance and Transportation (Shipment Order Form Required)     Customs Clearance Only     Transportation Only (Shipment Order Form Required)

## Section 1 Exhibitor and Shipment Information

Exhibitor / Company Name: ABC Distributing Company  
U.S. Tax # or U.S. IRS Identification: 10-9999999  
Event Name: International Computing Event  
Facility Name: Event Facility    Event Date/s: Apr 14/07 - Apr 17/07    Booth #: 234  
Shipment Date: Apr 3/07    From (City, State): Chicago, IL    Carrier Name: Livingston Event Logistics  
It Consists Of (# of Cartons, etc.): 11    Weight: 300  lbs  kgs  
Rep At The Event: Joe Smith    Staying At (Hotel): Anywhere Place    Tel: 416-555-1234

Please do not ship via post or parcel courier – we will not be responsible for timely delivery

## Section 2 Return Shipment Consignment Information

Company Name: ABC Distributing Company  
Address: 125 Elm Street  
City: Chicago    Province / State: IL    Postal/Zip: 66666-6666  
Name: Sandy Smith    Tel: 708-555-1212    Fax: 708-555-2222  
Ship Via:  Common Carrier     Our Company Vehicle     Van Line Service     Air Freight Service

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

Credit Card Information must be completed

Charge to:  Visa     MasterCard     American Express

Cardholder Name: Joe Smith    Title: Accounting Manager

Card Account Number: 123456789012    Expiry Date: 12/09

Cardholder's Signature: Joe Smith

I hereby authorize the use of this credit card for payment of services relative to this order form.

Alternative methods of payment are bank wire transfer or pre-payment on credit card. (Receipt 10 days prior to event)

## Section 4 Invoicing/Statement Information

Company Name: ABC Distributing Company  
Address: 125 Elm Street  
City: Chicago    Province/State: IL    Postal/Zip: 66666-6666  
Name: Joe Smith    Tel: 708-555-1200    Fax: 708-555-1201  
This document was completed by (Please print full name): Joe Smith  
Title: Accounting Manager    Date: March 14, 2007



**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 <input type="checkbox"/></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 4/3/1999</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>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>8 Transportation: Give Mode and Place of Direct Shipment to Canada / Transport: Préciser mode et lieu d'expédition directe vers le Canada Mendelssohn, Chicago, IL</p>	<p>10 Currency of Settlement / Devises du paiement USD</p>

11 No. of Pkgs. Nmbre. De Coills	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)	14 Unit Price / Prix Unitaire	15 Total
2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets)	1	\$5000.00	\$5000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technical Literature	1000	\$0.10	\$100.00
1 pc	Carton - Plastic Key Chains	50	\$0.50	\$25.00
1 pc	Carton - Books	50	\$1.00	\$50.00
3 pcs	Crates - Computers (Certificate of Registration Attached)	3	\$1000.00	\$1000.00
2 pcs	Crates - Computer Monitors (Certificate of Registration Attached)	2	\$500.00	\$1000.00

<p>XI.1 Total Number of Pieces / Nombre total de pièces                      11</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>16 Total Weight / Poids total</p> <p>Net / Gross / Brut N/A / 300 lbs</p> <p>17 Invoice Total / Total de la facture \$9,175.00</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 style="text-align: center;">Name: Tel: Fax:</p>	<p>20 Originator (Name and Address) / Expéditeur d'origine (Nome 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>
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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>	
23	24	25

# Shipment Order Form

Customs and  
Transportation Services

Tel: (604)687-5535  
Toll Free: (800)663-0301  
Fax: (604)687-1463



To obtain a quotation for Livingston Event Logistics Transportation Services, please complete this form and fax to (604)687-1463.

## Section 1 Pick-Up Information

Shipper:

Address:

City: State: Zip:

Contact: Tel: Fax:

Hours of Operation: Dock:  Yes  No Lift Gate Required:  Yes  No

Inside Pick-Up:  Yes  No Pick-Up Date: To Arrive By:

## Section 2 Freight Information

COMMODITY: Exhibit Related Articles

# of Pieces	Box/Crate/etc.	Length	Width	Height	Per Piece
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:
	@ Dimensions Each:				@ Weight Each:

Total Weight:

## Section 3 Event Information

Event Name:

Event Location:

Consignee / Exhibitor Name: Booth #:

Address:

- Upon receipt of this completed form, Livingston Event Logistics Transportation Services will issue a quotation based on the information provided.
- In order to book your pick-up, the quotation must be signed and faxed back to (604)687-1463.
- All quotations provided by Livingston Event Logistics Transportation Services are for Transportation ONLY and DO NOT include Customs Brokerage Charges.
- To receive a quotation for Customs Brokerage Charges and/or Cargo Insurance, a Canada Customs Invoice/Commercial Invoice must be provided.

# Shipment Order Form

Customs and  
Transportation Services  
Tel: (604)687-5535  
Toll Free: (800)663-0301  
Fax: (604)687-1463



To obtain a quotation for Livingston Event Logistics Transportation Services, please complete this form and fax to (604)687-1463.

## Section 1 Pick-Up Information

Shipper: ABC Distributing Company			
Address: 125 Elm Street			
City: Chicago	State: IL	Zip: 66666	
Contact: Joe Smith	Tel: 708-555-1212	Fax: 708-555-2222	
Hours of Operation: 9:00 am - 5:00 pm	Dock: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lift Gate Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inside Pick-Up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pick-Up Date: April 3/07	To Arrive By: April 9/07	

## Section 2 Freight Information

COMMODITY: Exhibit Related Articles

# of Pieces	Box/Crate/etc.		Length	Width	Height		Per Piece
7	Crates	@ Dimensions Each:	22	13	18	@ Weight Each:	27 lbs
4	Cartons	@ Dimensions Each:	12	12	12	@ Weight Each:	28 lbs
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	

Total Weight: 301 lbs

## Section 3 Event Information

Event Name: International Computing Event	
Event Location: Event Facility	
Consignee / Exhibitor Name: ABC Distributing Company	Booth #: 234
Address: 100 Anywhere Street	
Toronto, ON	
M7W 2P6	

- Upon receipt of this completed form, Livingston Event Logistics Transportation Services will issue a quotation based on the information provided.
- In order to book your pick-up, the quotation must be signed and faxed back to (604)687-1463.
- All quotations provided by Livingston Event Logistics Transportation Services are for Transportation ONLY and DO NOT include Customs Brokerage Charges.
- To receive a quotation for Customs Brokerage Charges and/or Cargo Insurance, a Canada Customs Invoice/Commercial Invoice must be provided.