



MARCH 25-27 2020 METRO TORONTO CONVENTION CENTRE

OFFICIAL SUPPLIER

**NORTH AMERICAN
LOGISTICS SERVICES INC.**

ADVANCE WAREHOUSE, CUSTOMS BROKERAGE, SHIPPING SERVICES

ADVANCE WAREHOUSE INSTRUCTIONS / SHIPPING LABEL

CMPX has appointed North American Logistics Services, Inc. (NALSI) as the official supplier to assist with all shipping, customs clearance, and advance warehousing requirements. The Metro Toronto Convention Centre will not receive materials shipped directly to the facility outside the official move-in window. All materials shipped early must be labeled and sent to the North American Logistics Services advance warehouse as stated below and on the "Shipping Label" (page 3) of this kit. You must complete and submit a NALSI Order Form prior to sending your goods to the advance warehouse. Shipments sent to the advance warehouse "C.O.D." will not be accepted.

Warehouse Address: CMPX
c/o North American Logistics Services, Inc.
49 Simpson rd
Bolton, ON L7E 2R6 CANADA

IMPORTANT: NALSI offers 30 days complimentary advance warehousing if NALSI's freight services are utilized

Please complete the enclosed Order Form (page 4) and submit to NALSI, attention of Jeff Davis, E-mail cmpx@nalsi.com, or Fax: 905-951-9613.

Warehouse begins accepting shipments : February 18th, 2020

Warehouse receiving cut-off date: March 18th, 2020

Warehouse receiving hours: Monday – Friday | 8:30AM – 4:00PM

Use two labels on each shipping case and clearly mark your booth number as well. Please contact NALSI as soon as possible to arrange p/u of your materials to ensure your transportation requirements are fulfilled, and, if you are shipping from outside Canada your customs documentation is completed in compliance with the Canada Border Services Agency's rules and regulations.

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. **CMPX** has appointed North American Logistics Services, Inc. (NALS) as the OFFICIAL CUSTOMS BROKER for **the show** taking place at the **Metro Toronto Convention Centre** over the dates March 25th-27th 2020. NALS staff will assist exhibitors with their entry/import and return/export of goods.

CMPX and **NALS** have officially registered the conference with the **Canada Border Services Agency (CBSA) International Events & Convention Services Program (IECSP)** so special duty & tax free importation privileges have been granted for the show. **NALS is the authorized broker** to customs clear all exhibit and display materials into Canada on a temporary basis, and NALS's professionally licensed customs brokers will be available to assist exhibitors with their entry/import and return/export of goods during move-in and move-out.

NALS will post the required bonds and securities with Canada Customs; clear your materials through Canadian Customs; after the show prepare export documentation and bills of lading; and arrange U.S. customs clearance for return ground/air freight. Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** must be completed and sent to NALS (Attention: Jeff Davis, E-mail: cmpx@nalsi.com, or Fax: 905-951-9613).

Private Vehicles (PV)

With the introduction of AEI (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 AEI / 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.

FREIGHT SERVICES

In order to facilitate the most efficient and cost effective service possible, **CMPX** has appointed **North American Logistics Services, Inc. (NALS)** as the OFFICIAL TRANSPORTATION CARRIER / FREIGHT FORWARDER for the **show**. It is not compulsory to use NALS, but **CMPX** strongly recommends that you do. This service will also facilitate only one invoice for both your transportation and customs clearance requirements.

Complete the enclosed **Order Form** and send to NALS (Attention: Jeff Davis, E-mail: cmpx@nalsi.com, or Fax: 905-951-9613). Please contact NALS as soon as possible to schedule the pick-up of your materials.

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Please contact NALS as soon as possible to arrange p/u of your materials and to ensure your transportation requirements are fulfilled and if you are shipping from outside Canada your customs documentation is completed in compliance with the Canada Border Services Agency's rules and regulations.

**If you have a question or to receive a quote please contact:**

|                   |                                                           |
|-------------------|-----------------------------------------------------------|
| <b>Jeff Davis</b> | <b>Operations Manager</b>                                 |
| <b>Telephone:</b> | <b>905-951-1612</b>                                       |
| <b>E-mail:</b>    | <b><a href="mailto:cmpx@nalsi.com">cmpx@nalsi.com</a></b> |

# ADVANCE WAREHOUSE SHIPPING LABEL

Shipper: \_\_\_\_\_  
(Name of company where shipment originates)

To: \_\_\_\_\_  
(Name of your exhibiting company at the show)

# **CMPX**

c/o North American Logistics  
49 Simpson Rd  
Bolton, ON      L7E 2R6  
CANADA

Booth #: \_\_\_\_\_

Pieces: \_\_\_\_\_ of \_\_\_\_\_

Quote ID# \_\_\_\_\_

FB# \_\_\_\_\_

## ORDER FORM: Customs Brokerage & Transportation Services

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>                                             | <small>***Company name or facility name***</small> |                      |                                      |
|                                                                    | Location Name: _____                               | Pickup Date: _____   | Time: _____                          |
|                                                                    | Address: _____                                     | City: _____          | Prov./State: _____ Postal/Zip: _____ |
|                                                                    | Contact: _____ Phone #: _____                      | Email: _____         | US Tax #/EIN: _____                  |
| <small>***Applicable only if pickup is from a tradeshow***</small> |                                                    |                      |                                      |
| Exhibitor Name: _____                                              | Event Name: _____                                  | Event Date(s): _____ | Booth #: _____                       |

|                                                                   |                                                    |                      |                                      |
|-------------------------------------------------------------------|----------------------------------------------------|----------------------|--------------------------------------|
| <b>Delivery Address</b>                                           | <small>***Company name or facility name***</small> |                      |                                      |
|                                                                   | Location Name: _____                               | Delivery Date: _____ | Time: _____                          |
|                                                                   | Address: _____                                     | City: _____          | Prov./State: _____ Postal/Zip: _____ |
|                                                                   | Contact: _____ Phone #: _____                      | Email: _____         | US Tax #/EIN: _____                  |
| <small>***Applicable only if delivering to a tradeshow***</small> |                                                    |                      |                                      |
| Exhibitor Name: _____                                             | Event Name: _____                                  | Event Date(s): _____ | Booth #: _____                       |

Return freight same as pickup address If same, only complete pickup date/time information    
  Return services not required

|                                                                         |                                                    |                      |                                      |
|-------------------------------------------------------------------------|----------------------------------------------------|----------------------|--------------------------------------|
| <b>Return Freight</b>                                                   | <small>***Company name or facility name***</small> |                      |                                      |
|                                                                         | Location Name: _____                               | Pickup Date: _____   | Time: _____                          |
|                                                                         | Address: _____                                     | City: _____          | Prov./State: _____ Postal/Zip: _____ |
|                                                                         | Contact: _____ Phone #: _____                      | Email: _____         | US Tax #/EIN: _____                  |
| <small>***Applicable only if delivering to another tradeshow***</small> |                                                    |                      |                                      |
| Exhibitor Name: _____                                                   | Event Name: _____                                  | Event Date(s): _____ | Booth #: _____                       |

### Section 2 - Carrier/ Shipment Information

|                                                   |                                |                                |                     |
|---------------------------------------------------|--------------------------------|--------------------------------|---------------------|
| Name of carrier providing transportation services | <input type="checkbox"/> NALSI | <input type="checkbox"/> Other |                     |
| <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                   |

**TOTAL**

**Additional Services:**  
  Lift Gate   
  Inside Pick Up/Delivery

53ft trailer accessible? Pickup:  Yes  No   
 Delivery:  Yes  No   
 Loading dock available? Pickup:  Yes  No   
 Delivery:  Yes  No

Do you require additional Insurance?  Yes   
  No   
 Declared Value: \*\*\*for insurance purposes only\*\*\* \_\_\_\_\_

**Cargo Insurance** (only to be completed when using NALSI Transportation) \*\*Please note additional fee's will apply for insurance coverage\*\*

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

|                      |                                      |                                    |
|----------------------|--------------------------------------|------------------------------------|
| <b>Send Bill To:</b> | Company Name: _____                  | Address: _____                     |
|                      | Address: _____                       | Email: _____ City: _____           |
|                      | Prov./State: _____ Postal/Zip: _____ | Contact Name: _____ Phone #: _____ |

Invoices are processed electronically and transmitted to email provided.

|                                    |                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                           |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------|
| Charge to:                         | <input type="checkbox"/> Visa                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> MasterCard                                                                | <input type="checkbox"/> American Express |
| Cardholder Name: _____             | Card Account #: _____                                                                                                                                                                                                                                                                                           | Expiry Date: _____                                                                                 | CVC #: _____                              |
| Cardholder's Signature: _____      | Email: _____                                                                                                                                                                                                                                                                                                    | I hereby authorize the use of this credit card for payment of services related to this order form. |                                           |
| <input type="checkbox"/> OPTION #1 | Process payment automatically on credit card provided. A 5% administration fee will be added to invoices paid by credit card.                                                                                                                                                                                   |                                                                                                    |                                           |
| <input type="checkbox"/> OPTION #2 | Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5% administration fee will be added to invoices paid by credit card. |                                                                                                    |                                           |

Please complete, print, sign and return completed forms to

**Toronto/Head Office**  
Tel: 905.951.1612

**Montreal/Eastern Region**  
Tel: 514.868.6650

**Calgary/Prairie Region**  
Tel: 855.328.2841

**Vancouver/Western Region**  
Tel: 778.328.2841



**CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES**

|                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p>                                                                                                                                                      | <p>2 Date of Direct Shipment to Canada<br/>Date d'expédition directe vers le Canada</p> <p>3 Other References (Include Purchaser's Order No.)<br/>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)<br/>Nom et Adresse de l'acheteur (s'il diffère du destinataire)</p> <p><b>No sale involved</b></p>                                                                                                                                            |
|                                                                                                                                                                                                                    | <p>6 Country of Transhipment / Pays de transbordement</p> <p><b>N/A</b></p>                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                    | <p>7 Country of Origin of Goods<br/>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.<br/>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?<br/>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<br/>(i.e. Sale, Consignment Shipment, Leased Goods, etc.)<br/>Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)</p> <p><b>No sale involved</b></p>                                     |
| <p>8 Transportation: Give Mode and Place of Direct Shipment to Canada<br/>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 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>18 If any fields of 1 to 17 are included on an attached commercial invoice, check this box<br/>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 _____</p> | <p>16 Total Weight / Poids total</p> <p>Net <input type="checkbox"/> <b>N/A</b>      Gross / Brut</p> |
|                                                                                                                                                                                                                                                                        | <p>17 Invoice Total / Total de la facture</p>                                                         |

|                                                                                                                                                                                      |                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <p>19 Exporter's Name and Address (if other than Vendor)<br/>Nom et adresse de l'exportateur (s'il diffère du vendeur)</p> <p style="text-align: right;">Name:<br/>Tel:<br/>Fax:</p> | <p>20 Originator (Name and Address)<br/>Expéditeur d'origine (Nom et adresse)</p> <p style="text-align: right;">Name:<br/>Tel:<br/>Fax:</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>21 Departmental Ruling (if applicable)<br/>Décision ministérielle (s'il y a lieu)      <b>N/A</b></p> | <p>22 If fields 23 to 25 are not applicable, check this box<br/>Si les zones 23 à 25 sont sans objet, cocher cette case      <input checked="" type="checkbox"/></p> |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|    |    |    |
|----|----|----|
| 23 | 24 | 25 |
|----|----|----|