



OFFICIAL SUPPLIER

***NORTH AMERICAN
LOGISTICS SERVICES INC.***

CUSTOMS BROKERAGE SERVICES

APS has appointed North American Logistics Services, Inc. (NALSI) as the official supplier to assist with shipping & customs clearance requirements.

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 by the **APS** 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 **American Peptide Symposium** taking place at the **Whistler Conference Centre** over the dates of **June 17-22 2017**. NALSI staff will assist exhibitors with their entry/import and return/export of goods.

APS and **NALSI** have officially registered the 2017 meeting with the **Canada Border Services Agency (CBSA) International Events & Convention Services Program (IECSP)** so special duty & tax free importation privileges and the unique **"Border-to-Show"** service have been granted for the show. **NALSI is the authorized broker** to customs clear all exhibit and display materials into Canada on a temporary basis right in the exhibit hall at Whistler Conference Centre.

NALSI 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 NALSI (Attention: Jeff Davis, E-mail: jdavis@nalsi.com, or Fax: 778-328-2845).

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 AECl (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 AECl / 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.

Please contact NALSI 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:

Jeff Davis	Operations Manager
Telephone:	778.328.2841
E-mail:	jdavis@nalsi.com

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

Pick Up Address	<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 #: _____

Delivery Address	<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

Return Freight	<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	
Number of Pieces	Dimensions (inches)		Weight (LBS)
Carton/Boxes	L	W	H
Crates/Fiber Case	L	W	H
Skid/Pallet	L	W	H
Carpet/Other	L	W	H
TOTAL			
Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery 53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Value: <small>***for insurance purposes only***</small> _____ 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)

Send Bill To:	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

Montreal/Eastern Region

Calgary/Prairie Region

Vancouver/Western Region

Tel: 905.951.1612

Tel: 514.868.6650

Tel: 403.851.1152

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 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) No sale involved</p> <p>6 Country of Transhipment / Pays de transborderment 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.) 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. Nmbre. De Coilis	12	13	14	15
		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)	Unit Price Prix Unitaire	Replacement Value Valeur de Remplacement Total

XI.1 Total Number of Pieces / Nombre total de pièces

<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 _____</p>	<p>16 Total Weight / Poids total</p> <p>Net <input type="checkbox"/> N/A</p> <p>Gross / Brut</p>	<p>17 Invoice Total Total de la facture</p>
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<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: right;">Name: Tel: Fax:</p>	<p>20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)</p> <p style="text-align: right;">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>
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<p>23</p>	<p>24</p>	<p>25</p>
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