



DAVIDSON & SONS

CUSTOMS BROKERS LTD

EVENT LOGISTICS SERVICES

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OFFICIAL SUPPLIER



DAVIDSON & SONS
CUSTOMS BROKERS LTD
EVENT LOGISTICS SERVICES

SHIPPING & CUSTOMS BROKERAGE SERVICES



**HALIFAX
CONVENTION
CENTRE**

APCO Canada has appointed **DAVIDSON & SONS (D&S) CUSTOMS AND EVENT LOGISTICS** as the **OFFICIAL TRANSPORTATION CARRIER** and **CUSTOMS BROKER** for the **2019 Conference & Tradeshow**. The D&S Event Logistics team will be pleased to assist you with your shipping and customs brokerage requirements.

The conference has been officially registered 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. **D&S is the authorized customs broker** to customs clear all exhibit and display materials into Canada for the event.

For exhibitors arriving by plane or driving their own private vehicle with exhibit materials to Halifax, please notify D&S a minimum of 2 weeks prior to your arrival so the necessary documentation can be prepared for your arrival.

For your convenience please refer to this manual for the required forms, and for personalized service please contact:

D&S Event Logistics Services Division

Telephone: 604-681-5132
Fax: 604-681-2601
E-mail: events@davidsonandsons.com



Customs & Transportation Services Order Form

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, 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, as outlined in Davidson and Sons Customs Brokers LTD., Standard Trading Conditions, including but not limited to: 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; and 2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant Davidson and Sons Customs Brokers LTD., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

Show/Event Name: APCO CANADA 2019 CONFERENCE & TRADESHOW **Show/Event Dates:** NOVEMBER 4-7, 2019

Services Required (please check one):
 Customs Clearance and Transportation Customs Clearance Only Transportation Only Advance Warehouse

Shipper Info.
 Company Name: ABC COMPANY
 IRS #: 12-3456789
 Address: 123 SOMEPLACE AVENUE
 SUITE 123
 City: NEW YORK State/Prov: NY Zip/Post: 10000
 Contact Name: JOHN SMITH Tel: 555-555-1234
 E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321

Delivery Info.
 Company Name: ABC COMPANY Booth #: 100
 Facility Name: APCO 2019 C/O HALIFAX CONVENTION CENTRE
 Address: 1650 ARGYLE STREET
 City: HALIFAX State/Prov: NS Zip/Post: B3J 0E6
 On-site Contact: JANE DOE Cell: 555-555-9999
 E-mail: JDOE@ABCCOMPANY.COM

Return Freight Info. Same as Shipper
 Company Name: ABC COMPANY
 IRS #: 12-3456789
 Address: 123 SOMEPLACE AVENUE
 SUITE 123
 City: NEW YORK State/Prov: NY Zip/Post: 10000
 Contact Name: JOHN SMITH Tel: 555-555-1234
 E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321

Billing Info. Same as Shipper
 Company Name: ABC COMPANY
 Importer # (if applicable):
 Address: 123 SOMEPLACE AVENUE
 SUITE 123
 City: NEW YORK State/Prov: NY Zip/Post: 10000
 Contact Name: JOHN SMITH Tel: 555-555-1234
 E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321

Terms of Payment and Security Deposit – MUST BE COMPLETED

Payment Info.
 Charge to: Visa MasterCard American Express
 Cardholder Name: JOHN SMITH Title: CFO
 Credit Card Number: 1234 5678 9123 4567 Expiry Date: 01/19 CVC: 123
 I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).
 Cardholder Signature: *John Smith* Date: DD/MM/YYYY

Carrier Name (if not using DS): NAME OF TRANSPORTATION COMPANY **Carrier Contact Name:** TRANSPORTATION COMPANY CONTACT PERSON
Carrier Contact Tel: TRANSPORTATION COMPANY PHONE # **Carrier Contact E-mail:** TRANSPORTATION COMPANY E-MAIL ADDRESS
Pick-up Date: DATE TRANSPORTATION COMPANY WILL PICK - UP FREIGHT **Hours of Operation:** HOURS THAT YOUR COMPANY IS OPEN FOR PICK-UP
Delivery Date: DATE THAT THE FREIGHT NEEDS TO BE DELIVERED **Delivery Time/Window:** MUST BE DELIVERED BETWEEN.. (TIMES)

# 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		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
3	Total						Total Weight:	512

Requested Service Level: Air 2nd Day Truck Other: _____
Additional Services Required: Lift Gate Inside Pick Up/Delivery Weekend Pick Up/Delivery

Cargo Insurance / Declared Value
 This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with Davidson and Sons LTD. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson and Sons LTD. for more information on Cargo Insurance.

Terms & Conditions
 This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson and Sons LTD. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) Davidson and Sons LTD. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) Davidson and Sons LTD. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws.

Client Signature
 I have read and agree to the terms of this contract.
 Signature: *John Smith*
 Name: JOHN SMITH
 Title: CFO
 Date: MM/DD/YYYY

Accepted by Davidson & Sons Customs Brokers LTD.
 Signature: _____
 Name: _____
 Title: _____
 Date: _____



Customs & Transportation Services Order Form

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, 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, as outlined in Davidson and Sons Customs Brokers LTD., Standard Trading Conditions, including but not limited to: 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; and 2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant Davidson and Sons Customs Brokers LTD., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

Show/Event Name:		Show/Event Dates:	
Services Required (please check one):			
Customs Clearance and Transportation	Customs Clearance Only	Transportation Only	Advance Warehouse

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.	<input type="checkbox"/> Same as Shipper		
	Company Name:		
	IRS #:		
	Address:		
	City:	State/Prov:	Zip/Post:
Contact Name:	Tel:		
E-Mail:	Fax:		

Billing Info.	<input type="checkbox"/> Same as Shipper		
	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
	Cardholder Name: _____ Title: _____	
	Credit Card Number: _____ Expiry Date: _____ CVC: _____	
	I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).	
	Cardholder Signature: _____ Date: _____	

Shipment Info.	Carrier Name (if not using DS): _____ Carrier Contact Name: _____
	Carrier Contact Tel: _____ Carrier Contact E-mail: _____
	Pick-up Date: _____ Hours of Operation: _____
	Delivery Date: _____ Delivery Time/Window: _____

# 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				Total Weight:		

Requested Service Level: Air 2nd Day Truck Other: _____
 Additional Services Required: Lift Gate Inside Pick Up/Delivery Weekend Pick Up/Delivery

Cargo Insurance / Declared Value
 This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with Davidson and Sons LTD. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson and Sons LTD. for more information on Cargo Insurance.

Terms & Conditions
 This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson and Sons LTD. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) Davidson and Sons LTD. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) Davidson and Sons LTD. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws.

Client Signature	
I have read and agree to the terms of this contract.	
Signature: _____	
Name: _____	
Title: _____	
Date: _____	

Accepted by Davidson & Sons Customs Brokers LTD.	
Signature: _____	
Name: _____	
Title: _____	
Date: _____	



CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

1. Shipper / Vendor (name and address) - Vendeur (nom et adresse) ABC Distributing Company 125 Elm Street New York, NY 66666-6666		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada <p style="text-align: center;">10/15/2019</p> 3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 10-9999999		
4. Receiver / Consignee (name and address) - Destinataire (nom et adresse) ABC Distributing Company / Booth # 234 APCO CANADA 2019 CONFERENCE & TRADESHOW c/o HALIFAX CONVENTION CENTRE 1650 ARGYLE STREET HALIFAX, NS B3J 0E6 CANADA		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) No sale involved 6. Country of transshipment - Pays de transbordement N/A 7. Country of origin of goods Pays d'origine des marchandises Various - See Below <small>IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.</small>		
8. Transportation: Give carrier, mode, and tracking information for shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada **Example** Carrier: Davidson & Sons / LTL Ground Freight / Bill of Lading # ABC12345 or Carrier: FedEx / Int'l. Priority / Tracking # 4259 6986 2257		9. Conditions of sale 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 10. Currency of settlement - Devises du paiement USD		
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente 14. Unit price / Prix unitaire 15. Total	
2 pcs 2 pcs 1 pc 1 pc 3 pcs 2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets) - USA Cartons - Advertising Brochures / Catalogs / Technical Literature - USA Carton - Plastic Key Chains - CHINA Carton - Books - USA Cases - Computers - CHINA Cases - Computer Monitors - JAPAN	1 1000 50 50 3 2	\$5,000.00 \$0.10 \$0.50 \$1.00 \$1,000.00 \$500.00	\$5,000.00 \$100.00 \$25.00 \$50.00 \$3,000.00 \$1,000.00
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total Net Gross - Brut N/A 300 lbs		17. Invoice total Total de la facture \$9,175.00
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse) ABC Distributing Company 125 Elm Street New York, NY 66666-6666		
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada _____ (iii) Export packing Le coût de l'emballage d'exportation _____		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada _____ (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour achat _____ (iii) Export packing Le coût de l'emballage d'exportation _____		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>

LEAVE BLANK



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

Page _____ of / de _____

1. Shipper / Vendor (name and address) - Vendeur (nom et adresse)		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada		
4. Receiver / Consignee (name and address) - Destinataire (nom et adresse)		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)		
		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)		
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada		6. Country of transshipment - Pays de transbordement		
		7. Country of origin of goods Pays d'origine des marchandises	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.	
11. Number of packages Nombre de colis		9. Conditions of sale 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.)		
		10. Currency of settlement - Devises du paiement		
12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)		13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente	
		14. Unit price Prix unitaire		15. Total
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total		17. Invoice total Total de la facture
		Net	Gross - Brut	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse)		
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input type="checkbox"/>		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada _____ (iii) Export packing Le coût de l'emballage d'exportation _____		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada _____ (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat _____ (iii) Export packing Le coût de l'emballage d'exportation _____		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.