



Canada Border
Services Agency

Agence des services
frontaliers du Canada

Canada Border Services Agency
International Events and Convention Services Program
Box 178 Carievale, SK
S0C 1C0

August 24, 2016

File # CAL_2016_09384

Marketplace Events LLC
602-5940 Macleod Trail SW
Calgary AB
T2H 2G4

Dear Amy Archdekin:

In response to your correspondence dated May 11, 2016 the Canada Border Services Agency (CBSA) - International Events and Convention Services Program (IECSP) officially recognizes the following event:

Edmonton Fall Home Show
October 21-23, 2016
Northlands Expo Centre
Edmonton, Alberta

The information provided to the CBSA states there will be approximately 16,000 attendees to which 0.01 % are foreign to Canada and that the event is open to the general public with sales.

As outlined in your correspondence, this event is expecting approximately three foreign exhibitors who are importing display booths, computers, printed advertising materials, and industry related goods for use at the event.

It should be noted that, non-Canadian exhibitors may import display items and exhibit booth temporarily as outlined in the provisions of tariff classification **9993.00.00.00** duty free, on the condition that the goods will be exported from Canada upon the completion of the event.

Goods imported for sale are not eligible under tariff No. 9993.00.00.00. These goods must be accounted for at time of release on a [Form B3](#), *Canada Customs Coding Form*. Commercial release processing is fully explained in Customs Memorandum [D17-1-5](#).

Mendelssohn Event Logistics has been designated as the official customs broker for this event. If you have any questions regarding importing meeting materials into Canada or if you wish to inquire as to the brokerage services provided, please contact Linda Vandop at [\(403\) 291 -1694](tel:403-291-1694).

CBSA requires everyone seeking admission into Canada to properly declare themselves to CBSA by providing accurate identification. CBSA will accept a valid passport as proof of citizenship.

Persons who have been convicted of any criminal offences may be inadmissible to Canada. For more information please visit: www.cic.gc.ca/english/information/inadmissibility/index.asp

If you have attendees from visa-requiring countries (www.cic.gc.ca/english/visit/visas.asp), please contact the Special Events Unit of Citizenship and Immigration Canada (CIC) at special.events@cic.gc.ca with the specifics of your event. They will assess the visa requirements of your event.

Canada 

Foreign nationals may engage in exhibiting, selling or displaying goods without a work permit provided they are not selling to the general public. Direct sales to the general public require a work permit. For more information please visit: www.cic.gc.ca/english/work/index.asp

To facilitate border procedures it is recommended that all foreign exhibitors be provided a copy of this letter for presentation to a CBSA Border Services Officer upon their arrival to Canada.

In conjunction with the presentation of this Recognition Letter, an itemized list of goods including a description, country of origin, quantity and value is required for presentation to CBSA. If your event materials will be imported by a commercial carrier or courier service, a copy of this letter should also be attached to any shipping documents.

Please do not hesitate to contact the undersigned if you have any questions or require additional information.

Sincerely,

Mitchell Morrison

Regional Coordinator, International Events and Convention Services Program (IECSP)

Canada Border Services Agency

Tel: 306-928-2055 Fax: 306-928-2008

Teletypewriter: 1-866-335-3237

Email: Mitchell.Morrison@cbsa-asfc.gc.ca

Government of Canada

*The information you provide in this document is collected under the authority of **Section 107(9) of the Customs Act** for the purpose of the facilitation of border coordination services for organizers of international events being held in Canada. The information may be disclosed to Other Government departments and/or Agencies (e.g. Citizenship and Immigration Canada) for the purposes of providing assistance with admissibility requirements.*

*Individuals have the right of access to, the protection and correction of their personal information under the **Privacy Act – Section 12**. The information collected is described under the **International Events Personal Information Bank CBSA PPU 040** which is detailed at www.cbsa.gc.ca/agency-agence/reports-rapports/pia-efvp/atip-aiprp/infosource-eng.html*

**Mendelsohn
Commerce**
2116 27th Ave NE
Unit #325
Calgary, AB
T2E 7A6

403-291-1694
Fax 403-291-7028
www.mend.com



Customs Clearance & Transportation Services

EDMONTON FALL HOME SHOW, OCTOBER 21-23, 2016 BMO CENTRE, CALGARY, AB

Mendelsohn Commerce has been appointed as the official customs broker and transportation provider for the **EDMONTON FALL HOME SHOW** to be held at the **EDMONTON EXPO CENTRE, October 21-23, 2016**. For all customs and shipping needs, we recommend you deal directly with Mendelsohn Commerce.

For Customs and Transportation inquiries please contact:

Linda Vandop

Lvandop@mend.com

Tel: 403-291-1694	Fax: 403-291-7028	Cell: 403-690-1688
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Prior to shipping, the **Order Form** and **Canada Customs Invoice (CCI)** should be completed and forwarded to our office (Attn :Linda Vandop, Email: lvandop@mend.com). Three copies of the CCI must accompany the shipment.

HAND CARRYING or PRIVATE VEHICLE

For exhibitors who will be arriving by plane or in a private vehicle with their goods, it is necessary that you notify Mendelsohn Commerce six weeks in advance so that the proper documentation (Pre-Arrival Processing System - PAPS) can be prepared for the appropriate border crossing.

☞ **Prior to shipping your goods, please fax all appropriate customs/shipping documents to our office at 403-291-7028.** It is important to provide Mendelsohn Commerce with your carriers name and tracking number if not shipping through Mendelsohn. ☞

ALL SHIPMENTS MUST BE LABELED AS FOLLOWS

For direct to SHOW SITE SHIPMENTS goods can only arrive on move in date
Exhibitor's Name and Booth:
<p>Edmonton Fall Home Show c/o Edmonton Expo Centre 7515 118 Ave NW Edmonton, AB T5B 4X5</p>
Please notify Mendelsohn Commerce for Customs Clearance: 403-291-1694

A Mendelsohn Commerce representative will be on-site for your convenience.

Order Form

Customs and Transportation Services



Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 12176777RM0001, 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 ICECORP Logistics Inc. 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 ICECORP Logistics Inc. dba Mendelsohn Commerce full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below.

Event Name: INT'L MARKETING EVENT

Event Dates: APR. 15-17, 2014

Services Required: (please check one)

Customs Clearance and Transportation Customs Clearance Only Transportation Only

Shipper Information			
Company Name: ABC DISTRIBUTING COMPANY			
IRS # or U.S. Tax Identification #: 12-3456789			
Address: 125 ELM STREET DOCK DOOR #2			
City: CHICAGO	Province/State: IL	Postal/Zip: 66666	
Contact Name: JOHN DOE		Tel: 708-555-1200	
E-mail: JDOE@DOMAIN.COM		Fax: 708-555-2222	

Delivery Information			
Exhibitor/Company Name: ABC DISTRIBUTING COMPANY			
Event Name: INT'L MARKETING EVENT		Booth #: 234	
Facility Name: EVENT FACILITY			
Address: 278 SOMEWHERE PLACE			
City: TORONTO	Province/State: ON	Postal/Zip: M5M 2B2	
On-Site Contact: SANDY SMITH		Cell #: 708-555-1234	
E-mail: SSMITH@DOMAIN.COM			

Return Freight <input checked="" type="checkbox"/> Same as Shipper			
Company Name: ABC DISTRIBUTING COMPANY			
IRS # or U.S. Tax Identification #: 12-3456789			
Address: 125 ELM STREET DOCK DOOR #2			
City: CHICAGO	Province/State: IL	Postal/Zip: 66666	
Contact Name: JOHN DOE		Tel: 708-555-1200	
E-mail: JDOE@DOMAIN.COM			

Billing / Invoicing Information <input type="checkbox"/> Same as Shipper			
Company Name: ABC DISTRIBUTING COMPANY ACCOUNTING DEPT.			
Importer # (if applicable): 123456789RT0001			
Address: 345 OAK AVE.			
City: CHICAGO	Province/State: IL	Postal/Zip: 66667	
Contact Name: JOE SMITH		Tel: 708-555-1255	
E-mail: JSMITH@DOMAIN.COM		Fax: 708-555-1266	

Shipment Information

Carrier Name (if not using Mendelsohn Commerce): MENDELSSOHN COMMERCE Contact Name: COORDINATOR NAME Tel: 905-673-5445

Pick-Up Date: APR. 03/14 Hours of Operation: 8:00 AM - 5:00 PM Delivery Date: APR. 14/14 Time: 11:00 AM

Requested Service Level: Air 2nd Day Truck

Additional Services Required: Lift Gate Inside Pick-Up/Delivery

# of Pieces	Box/Crate/Skid etc.	@ Dimensions (Inches) Each:	Length	Width	Height	@ Weight (lbs) Each:	Per Piece	Total
2	SKIDS	@ Dimensions (Inches) Each:	48	48	48	@ Weight (lbs) Each:	375	750
4	CRATES	@ Dimensions (Inches) Each:	45	47	60	@ Weight (lbs) Each:	500	2,000
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
6	Total						Total Weight:	2,750

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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn Commerce for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

**Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax. A separate Credit Card Authorization form has been provided. Please check off the payment method that has been completed for this order:

- Completed Credit Card Authorization or Preliminary Invoice has been faxed.
 Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone.

Terms and Conditions

This order is placed with the specific understanding that we hereby release ICECORP Logistics dba Mendelsohn Commerce (Mendelsohn Commerce) 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn Commerce 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) Mendelsohn Commerce 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) Mendelsohn Commerce 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 and Conditions of this Contract.	
Signature: <i>Joe Smith</i>	
Name: JOE SMITH	
Title: OWNER / PRESIDENT	
Date: 01/29/2014	

Accepted by Mendelsohn Commerce	
Signature:	
Name:	
Title:	
Date:	

Order Form

Customs and Transportation Services



Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 121767677RM0001, 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 ICECORP Logistics Inc. 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 ICECORP Logistics Inc. dba Mendelsohn Commerce full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below.

Event Name: _____ Event Dates: _____

Services Required: (please check one)

- Customs Clearance and Transportation Customs Clearance Only Transportation Only

Shipper Information			Delivery Information		
Company Name:			Exhibitor/Company Name:		
IRS # or U.S. Tax Identification #:			Event Name:		Booth #:
Address:			Facility Name:		
			Address:		
City: Province/State: Postal/Zip:			City: Province/State: Postal/Zip:		
Contact Name: Tel:			On-Site Contact:		Cell #:
E-mail: Fax:			E-mail:		
Return Freight <input type="checkbox"/> Same as Shipper			Billing / Invoicing Information <input type="checkbox"/> Same as Shipper		
Company Name:			Company Name:		
IRS # or U.S. Tax Identification #:			Importer # (if applicable):		
Address:			Address:		
City: Province/State: Postal/Zip:			City: Province/State: Postal/Zip:		
Contact Name: Tel:			Contact Name:		Tel:
E-mail:			E-mail: Fax:		

Shipment Information

Carrier Name (if not using Mendelsohn Commerce): _____ Contact Name: _____ Tel: _____
Pick-Up Date: _____ Hours of Operation: _____ Delivery Date: _____ Time: _____

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

# 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:	

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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn Commerce for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

**Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax. A separate Credit Card Authorization form has been provided. Please check off the payment method that has been completed for this order:

- Completed Credit Card Authorization or Preliminary Invoice has been faxed.
 Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone.

Terms and Conditions

This order is placed with the specific understanding that we hereby release ICECORP Logistics dba Mendelsohn Commerce (Mendelsohn Commerce) 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn Commerce 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) Mendelsohn Commerce 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) Mendelsohn Commerce 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 and Conditions of this Contract.	Accepted by Mendelsohn Commerce
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date:



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

1 Vendor (Name and Address) / Vendeur (Nom et Adresse) ABC DISTRIBUTING COMPANY 125 ELM STREET DOCK DOOR #2 CHICAGO , IL 66666		2 Date of Direct Shipment to Canada / Date d'expédition directe vers le Canada 04/03/2014 3 Other References (Include Purchaser's Order No.) / Autres références (inclure le no de commande de l'acheteur) IRS# 12-3456789						
4 Consignee (Name and Address) / Destinataire (Nom et Adresse) ABC DISTRIBUTING COMPANY - BOOTH# 234 c/o INT'L MARKETING EVENT EVENT FACILITY 278 SOMEWHERE PLACE TORONTO, ON M5M 2B2		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 USA	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.					
VII.1 Is this a related company transaction? / Est-ce que les compagnies sont liées entre elles? YES <input checked="" type="checkbox"/> OUI NO <input type="checkbox"/> NON		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						
8 Transportation: Give Mode and Place of Direct Shipment to Canada / Transport: Préciser mode et lieu d'expédition directe vers le Canada MENDELSSOHN COMMERCE, CHICAGO, IL		10 Currency of Settlement / Devises du paiement USD						
11	No. of Pkgs. Nmbre. 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)	14	Unit Price / Prix Unitaire	15	Total
	6 PCS	DISPLAY BOOTH (BACKWALLS, LIGHTS, GRAPHICS, CARPET) ADVERTISING BROCHURES / CATALOGS / LITERATURE PLASTIC KEY CHAINS BOOKS COMPUTERS COMPUTER MONITORS		1 1000 50 50 3 3		\$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 \$1,500.00
XI.1 Total Number of Pieces / Nombre total de pièces								
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 Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/>			16 Total Weight / Poids total Net N/A		Gross / Brut 2,750 LBS		17 Invoice Total / Total de la facture \$9,675.00	
19 Exporter's Name and Address (if other than Vendor) / Nom et adresse de l'exportateur (s'il diffère du vendeur) Name: Tel: Fax:				20 Originator (Name and Address) / Expéditeur d'origine (Nom et adresse) ABC DISTRIBUTING COMPANY Name: JOE SMITH 125 ELM STREET Tel: 708-555-1200 CHICAGO, IL 66666 Fax: 708-555-2222				
21 Departmental Ruling (if applicable) / Décision ministérielle (s'il y a lieu) N/A				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"/>				
23			24			25		



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

1 Vendor (Name and Address) / Vendeur (Nom et Adresse)	2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada 3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)
4 Consignee (Name and Address) / Destinataire (Nom et Adresse)	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
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	7 Country of Origin of Goods Pays d'origine des marchandises 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.
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada	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
10 Currency of Settlement / Devises du paiement	11 No. of Pkgs. Nmbre. 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

	11 No. of Pkgs. Nmbre. 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)	14 Unit Price Prix Unitaire	15 Total

XI.1 Total Number of Pieces / Nombre total de pièces	16 Total Weight / Poids total Net N/A Gross / Brut
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 Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/>	17 Invoice Total Total de la facture

19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur) Name: Tel: Fax:	20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse) Name: Tel: Fax:
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21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A	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"/>	
23	24	25