



**CROSS CONNECT**  
CUSTOMS & EVENT LOGISTICS

# CANADIAN RESPIRATORY CONFERENCE

APRIL 16 - 18, 2026

## SHIPPING & CUSTOMS CLEARANCE SERVICES

### INTRODUCTION

Dear Exhibitor,

Cross Connect Customs & Event Logistics has been appointed the **OFFICIAL TRANSPORT CARRIER** and **CUSTOMS BROKER** for the **CANADIAN RESPIRATORY CONFERENCE** taking place at the **Calgary Telus Convention Centre** over the dates of **APRIL 16-18, 2026**. To ensure your materials arrive “on time” in the most cost-efficient manner we suggest that you read the following instructions along with the information provided by **Global Convention Services**. Our helpful instructions will assist you in preparing for the correct, and timely, dispatch of your exhibits to and from the event venue. The organizers highly recommend that you use the services of Cross Connect for a complete logistics package. Our complete package will move your exhibit(s) door-to-door, from your office or warehouse, and back to your location after the exhibition.

Please contact our team for advice and to receive a shipping and/or customs clearance quote, we'd be happy to assist you.

**IMPORTANT:** Failure to comply with the deadlines, consignee, and document instructions, will cause unnecessary delays in customs clearance and may lead to additional charges. For this reason, if you will be using a freight forwarder or carrier other than Cross Connect, please be sure to pass these instructions on to them so they know to direct their pre-alerts to us.

**CRC organizers and Cross Connect Customs & Event Logistics** will not accept responsibility for late arrivals, or non-deliveries, to the venue if these guidelines and/or recommendations are not followed.

Sincerely,

Cross Connect Event Logistics  
E-mail: [info@crossconnectcl.com](mailto:info@crossconnectcl.com)  
Website: [www.crossconnectcl.com](http://www.crossconnectcl.com)



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## SHIPPING INSTRUCTIONS / ARRIVAL DATES

### ADVANCE WAREHOUSE LOCATION

**IMPORTANT:** Global Convention Services (GCS) is managing the **Advance Warehouse** for the show. Please refer to their exhibitor kit for detailed instructions in addition to the information provided below.

Direct-to-show-site shipments are allowed to arrive up to **three business days** prior to exhibitor move-in. The venue will not receive shipments outside of these times.

To simplify the shipping process all shipments should be sent to the **Global Convention Services (GCS) Advance Warehouse**. GCS will receive and store your materials received at the advance warehouse. All materials received at the warehouse are then delivered directly to the conference venue on the exhibitor move-in day.

**IMPORTANT:** You must contact Global Convention Services for an appointment prior to delivering to their warehouse, and you must complete their Material Handling form prior to shipping. Please call (403) 218-7891 or E-mail: [essgroup@globalconvention.ca](mailto:essgroup@globalconvention.ca)

### ALL SHIPMENTS

#### CANADIAN RESPIRATORY CONFERENCE

(Insert Here: Exhibiting Company Name, Booth #)  
c/o Global Convention Services  
6693 30th Street SE  
Calgary, AB T2C 1N6  
CANADA  
Telephone: (403) 218-7891

- ➔ **Warehouse Receiving Dates: MARCH 23 - APRIL 13, 2025**
- ➔ **Warehouse Hours:** Mon. - Fri., 9:00am-4:00pm (Closed: Evenings, Weekends, Stat Holidays)
- ➔ **Shipments sent "C.O.D. – CASH ON DELIVERY" to the warehouse will not be accepted.**
- ➔ **All freight entering the Calgary TELUS Convention Centre will be subject to material handling fees from Global Convention Services**



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## PRE-ALERT / CUSTOMS DOCUMENTATION REQUIREMENTS

Please complete the **Cross Connect Order Form** and **Commercial Invoice Packing List (CIPL)** in this manual.

The CIPL should contain full detailed description of the contents, serial no.'s, customs HS/tariff codes, and quantity/weight/value of each item listed. Invoices should be in the currency of country shipped from clearly showing which items are for temporary import and which are for permanent import. Examples of both forms are provided for assistance.

The “consignee” on the Commercial Invoice Packing List should be addressed as follows:

**CANADIAN RESPIRATORY 2026**  
(Insert Here: Your Exhibiting Company Name & Booth #)  
c/o Calgary TELUS Convention Centre - Ex Hall EX  
136 8 Ave, SE  
Calgary, AB T2P 0K6  
CANADA

**\*\*\*Please send Cross Connect draft copies of your CIPL prior to shipping so it may be reviewed and pre-approved\*\*\***

All document checks and pre-alerts should be emailed to [info@crossconnectcl.com](mailto:info@crossconnectcl.com)

**IMPORTANT:** Certain commodities such as medical devices, pharmaceutical products, cosmetics, foodstuffs, beverages, certain electronic and telecommunication and military items, animal & plant products (CITES) will be subject to import licence or other certification requirements. Kindly contact Cross Connect at least 2 months prior to the show if sending any of the above items.

Failure to pre-alert us of your shipment means we are unaware it exists and cannot be held responsible for your materials arriving to the show late, or not at all.

## INSURANCE

We are not responsible for any loss, pilferage, or damage while goods are left unattended at your booth. The handling of goods is carried out at the exhibitor/contractor's risk. We, therefore, strongly recommend that all exhibitors arrange insurance coverage to include transit to and from the exhibition, also while on display during the exhibition.

## PAYMENT

Unless agreed in advance payment for all services must be made prior to, or during the show. We accept the following three methods of payment:

1. **Bank Wire** – Bank details can be sent upon request.
2. **Credit Card** – We can accept payment by credit card. Please inform us of the card details in advanced on our Customs & Transportation Order Form. Credit Card transactions are subject to a 5% service fee.
3. **Company Checks**

**PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS. WE LOOK FORWARD TO SEEING YOU AT THE SHOW !**



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## !!! ATTENTION !!!

The Customs & Transportation Services Order Form is a legally required document. It must be completed and signed by the importer/owner before Customs Brokerage or Transportation Services are provided. When completing the form, please pay close attention to the following:

- **Wet (ink on paper) signatures are required.** Digital or Font-based signatures are not allowed.
- Company names must be the full/complete LEGAL business name, as registered with the Government in the country of operation.
- IRS#/U.S. Tax ID/EIN must be provided for all U.S. companies. Please attach a copy of the company W-9.
- GST/HST# must be provided for all Canadian companies.

# Customs & Transportation Services Order Form

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 8001 Weston Road, Unit 2, Woodbridge, ON L4L 9C8; business number 709076475RM0002, a Customs Broker licensed under the Customs Act, to act as my true and lawful agent and attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Trading Conditions applicable to Customs Services of Cross Connect Customs and Event Logistics Inc., attached hereto. Such business may include, but is not limited to:

1. Assist to set up Client's CARM business account, and/or manage and administer Client's CARM account;
2. 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;
3. The transportation, warehousing, and distribution of such goods; and
4. Undertake, facilitate, assist with and/or perform such other business, tasks, duties, powers and authorities for which Client provides written instructions to Cross Connect at any time and from time to time.

In signing this form, I grant Cross Connect, 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



**CROSS CONNECT**  
CUSTOMS & EVENT LOGISTICS  
Tel: 416-639-2176  
E-mail: info@crossconnectcl.com

## THIS FORM MUST BE COMPLETED & SIGNED BY THE CLIENT\* (OWNER/IMPORTER).

\*For events (i.e. trade shows, conventions, etc.) where there is "no sale involved", the Transactional Owner of the Goods must complete this form\*

<b>Services Required</b> (please check all that apply):			
<input type="checkbox"/> Customs Clearance <input type="checkbox"/> Transportation <input type="checkbox"/> Advance Warehouse			
<b>Event &amp; Exhibitor</b>	Shipment Delivering to (please check one):	<input type="checkbox"/> Direct to Event/Show Site	<input type="checkbox"/> Advance Warehouse
	Exhibitor Name:	Booth #:	
	Event Name:	Event Dates:	to
	Facility/Venue Name:	U.S. IRS # (if applicable):	
	Facility/Venue Address:		
City:	State/Province:	Zip/Postal Code:	
Country:	On-site Contact:	Cell #:	
E-mail:			
<b>Client* (Owner/Importer)</b>	<b>Legal Business / Entity Name (as registered):</b>		
	<b>Does this company have a Canadian Office?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Legal Address (as registered):		
	City:	State/Province:	Zip/Postal Code:
	Country:	Importer/GST# (if applicable):	U.S. IRS# (if applicable):
	Officer Name (Owner, Partner, Director or Signing Officer):	Title:	
	E-mail:	Tel:	
Contact Name (if different from above):			
E-Mail:			
<b>Shipper</b>	<input type="checkbox"/> Same as Client		U.S. IRS #:
	Company Name:		
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:	Contact Name:	Tel:
E-mail:			
<b>Return Freight</b>	<input type="checkbox"/> No Return Shipment	<input type="checkbox"/> Same as Shipper	<input type="checkbox"/> Same as Client
	Company Name:		
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:	Contact Name:	Tel:
E-mail:			

## PLEASE SEE ADDITIONAL PAGES FOR BILLING, PAYMENT, TRANSPORTATION & ADVANCE WAREHOUSING

### Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent pursuant to this General Agency Agreement/Power of Attorney ("GAA"). Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" ("CTC") as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/POST-CARM-CUSTOMS-STC.pdf>. Cross Connect performs its transportation services in the role of agent pursuant to its "Transportation Trading Conditions" ("TTC"), as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/STC-TRANSPORTATION-POST-CARM.pdf>. The parties hereby irrevocably and unconditionally attest to the jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits.

Notwithstanding any (a) other provision of this GAA, (b) provision of the CTC or TTC, or (c) delegation of authority in CARM, including to manage Client's CARM business account, in any circumstances whatsoever and whenever arising, and regardless of whether The Company uses its own business number or Client's business number for importation/exportation, and regardless of who any Government Authority identifies as the importer, owner, or importer of record for any shipment, and regardless of any liability assessed by any Government Authority: Client expressly acknowledges and agrees that: (a) The Company shall not be liable for any error in judgment or for anything which it may do or refrain from doing or for any resulting direct, indirect, consequential, punitive or exemplary damage or loss caused by any act or omission, or the negligence of The Company or by an act of God or other act or cause beyond the reasonable control of The Company, even if The Company has been advised of the possibility of such damage or loss; and (b) The Company shall not be liable for any failure to provide the services which is a result of the operation of the applicable laws of Canada or any other country or a change in the policies of Canada Customs.

In the event of a breach or other failure by The Company to perform its obligations for which The Company is held liable, including, but not limited to, acts or omissions of The Company employees, agents and representatives providing services, the Client's sole remedy hereunder, whether in contract, tort or otherwise, shall, in any and all events, be limited to termination hereof and damages not to exceed CAD 1000 (One Thousand Canadian Dollars).

In no event shall The Company's obligation or liability hereunder extend to direct, indirect, punitive, special, incidental and consequential damages or losses the Client may suffer or incur in connection herewith, such as, but not limited to, loss of revenue or profits, damages or losses as a result of the Client's inability to fulfill obligations to third parties, injury to good will, claims of customers and the like, even if The Company has been advised or is otherwise aware of the possibility thereof, nor shall it extend to damages or losses the Client may suffer or incur as a result of claims, suits or other proceeding made or instituted against the Client by third parties.

The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws

### Client (Importer/Owner) Signature

**NOTE: Wet ink signature required – Digital signature NOT allowed**

I have read and agree to the terms of this contract and grant Cross Connect the authority to act on my behalf. I hereby certify that I have authority to transact business on behalf of The Client.

Signature:      Date:

Printed Name:

Title:

### Cross Connect Internal Use Only

Notes:

Signature:      Date:

Printed Name:

Title:

# Transportation Quote Request

Shipper Information	Company:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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# Billing & Payment Information

Event & Exhibitor	Exhibitor Name:	Booth #:	
	Event Name:	Event Dates: _____ to _____	
	Facility/Venue Name:		
	Facility/Venue Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:	On-site Contact:	Cell #:
	E-mail:		

Billing Information	Company Name:		
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:		
	Contact Name:	Tel:	
	E-mail:		
	Second Contact Name (if applicable):	Tel:	

Payment Information	<b>MUST BE COMPLETED</b>			
	<b>*Delinquent accounts will be charged for all collection, legal and administration fees*</b>			
	Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
	Cardholder Name:	CVV Number:		
	Credit Card Number:	Expiry Date:		(mm/yyyy)
	I authorize use of this card for payment or pre-payment of services relative to this form. I understand that pre-payments on estimated amounts are subject to adjustment, and that this card will be charged for adjustments and/or future invoices generated for services not outlined on, or in addition to, any estimates provided. I also acknowledge that all credit card payments are subject to a 2.4% (minimum \$10.00 CAD) credit card processing fee and <b>declined credit cards are subject to a 30% surcharge</b> (minimum \$50.00 USD).			
	Cardholder Signature:	Date:		

Remittance Information	Remit To:
HST/GST#:	
Tel:	
Attention:	
E-mail:	

# Customs & Transportation Services Order Form

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 8001 Weston Road, Unit 2, Woodbridge, ON L4L 9C8; business number 709076475RM0002, a Customs Broker licensed under the Customs Act, to act as my true and lawful agent and attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Trading Conditions applicable to Customs Services of Cross Connect Customs and Event Logistics Inc., attached hereto. Such business may include, but is not limited to:

1. Assist to set up Client's CARM business account, and/or manage and administer Client's CARM account;
2. 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;
3. The transportation, warehousing, and distribution of such goods; and
4. Undertake, facilitate, assist with and/or perform such other business, tasks, duties, powers and authorities for which Client provides written instructions to Cross Connect at any time and from time to time.

In signing this form, I grant Cross Connect, 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



**CROSS CONNECT**  
CUSTOMS & EVENT LOGISTICS  
Tel: 416-639-2176  
E-mail: info@crossconnectcl.com

## THIS FORM MUST BE COMPLETED & SIGNED BY THE CLIENT\* (OWNER/IMPORTER).

\*For events (i.e. trade shows, conventions, etc.) where there is "no sale involved", the Transactional Owner of the Goods must complete this form\*

### Services Required (please check all that apply):

<input checked="" type="checkbox"/> Customs Clearance	<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Advance Warehouse
<b>Shipment Delivering to (please check one):</b> <input type="checkbox"/> Direct to Event/Show Site		
<b>Exhibitor Name:</b> ABC COMPANY		
<b>Event Name:</b> NAME OF THE EVENT/SHOW		
<b>Facility/Venue Name:</b> THE EVENT FACILITY		
<b>Facility/Venue Address:</b> 600 CONVENTION CENTRE DRIVE		
<b>City:</b> TORONTO <b>State/Province:</b> ON		
<b>Country:</b> CANADA <b>On-site Contact:</b> JOHN SMITH		
<b>E-mail:</b> JSMITH@DOMAIN.COM		

<b>Event &amp; Exhibitor</b>  <b>Client* (Owner/Importer)</b>	<b>Legal Business / Entity Name (as registered):</b> ABC COMPANY, INC.		
	<b>Does this company have a Canadian Office?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Legal Address (as registered):</b> 123 SOMEPLACE AVENUE, SUITE 3			
<b>City:</b> NEW YORK		<b>State/Province:</b> NY	<b>Zip/Postal Code:</b> 10093
<b>Country:</b> USA		<b>Importer/GST# (if applicable):</b> N/A	<b>U.S. IRS# (if applicable):</b> 12-3456789
<b>Officer Name (Owner, Partner, Director or Signing Officer):</b> JOHN SMITH		<b>Title:</b> CEO	
<b>E-mail:</b> JSMITH@DOMAIN.COM		<b>Tel:</b> 555-555-0000	
<b>Contact Name (if different from above):</b>		<b>Tel:</b>	
<b>E-Mail:</b>			

<b>Shipper</b>	<input checked="" type="checkbox"/> Same as Client		
	<b>Company Name:</b> ABC COMPANY, INC.		
<b>Address:</b> 123 SOMEPLACE AVENUE, SUITE 3			
<b>City:</b> NEW YORK		<b>State/Province:</b> NY	<b>Zip/Postal Code:</b> 10093
<b>Country:</b> USA		<b>Contact Name:</b> JOHN SMITH	<b>Tel:</b> 555-555-0000
<b>E-mail:</b> JSMITH@DOMAIN.COM			

<b>Return Freight</b>	<input type="checkbox"/> No Return Shipment <input checked="" type="checkbox"/> Same as Shipper <input checked="" type="checkbox"/> Same as Client		
	<b>Company Name:</b> ABC COMPANY, INC.		
<b>Address:</b> 123 SOMEPLACE AVENUE, SUITE 3			
<b>City:</b> NEW YORK		<b>State/Province:</b> NY	<b>Zip/Postal Code:</b> 10093
<b>Country:</b> USA		<b>Contact Name:</b> JOHN SMITH	<b>Tel:</b> 555-555-0000
<b>E-mail:</b> JSMITH@DOMAIN.COM			

## PLEASE SEE ADDITIONAL PAGES FOR BILLING, PAYMENT, TRANSPORTATION & ADVANCE WAREHOUSING

### Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent pursuant to this General Agency Agreement/Power of Attorney ("GAA"). Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" ("CTC") as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/POST-CARM-CUSTOMS-STC.pdf>. Cross Connect performs its transportation services in the role of agent pursuant to its "Transportation Trading Conditions" ("TTC"), as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/STC-TRANSPORTATION-POST-CARM.pdf>. The parties hereby irrevocably and unconditionally attest to the jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits.

Notwithstanding any (a) other provision of this GAA, (b) provision of the CTC or TTC, or (c) delegation of authority in CARM, including to manage Client's CARM business account, in any circumstances whatsoever and whenever arising, and regardless of whether The Company uses its own business number or Client's business number for importation/exportation, and regardless of who any Government Authority identifies as the importer, owner, or importer of record for any shipment, and regardless of any liability assessed by any Government Authority: Client expressly acknowledges and agrees that: (a) The Company shall not be liable for any error in judgment or for anything which it may do or refrain from doing or for any resulting direct, indirect, consequential, punitive or exemplary damage or loss caused by any act or omission, or the negligence of The Company or by an act of God or other act or cause beyond the reasonable control of The Company, even if The Company has been advised of the possibility of such damage or loss; and (b) The Company shall not be liable for any failure to provide the services which is a result of the operation of the applicable laws of Canada or any other country or a change in the policies of Canada Customs.

In the event of a breach or other failure by The Company to perform its obligations for which The Company is held liable, including, but not limited to, acts or omissions of The Company employees, agents and representatives providing services, the Client's sole remedy hereunder, whether in contract, tort or otherwise, shall, in any and all events, be limited to termination hereof and damages not to exceed CAD 1000 (One Thousand Canadian Dollars).

In no event shall The Company's obligation or liability hereunder extend to direct, indirect, punitive, special, incidental and consequential damages or losses the Client may suffer or incur in connection herewith, such as, but not limited to, loss of revenue or profits, damages or losses as a result of the Client's inability to fulfill obligations to third parties, injury to good will, claims of customers and the like, even if The Company has been advised or is otherwise aware of the possibility thereof, nor shall it extend to damages or losses the Client may suffer or incur as a result of claims, suits or other proceeding made or instituted against the Client by third parties.

The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws

### Client (Importer/Owner) Signature

**NOTE: Wet ink signature required – Digital signature NOT allowed**

I have read and agree to the terms of this contract and grant Cross Connect the authority to act on my behalf. I hereby certify that I have authority to transact business on behalf of The Client.

Signature: *John Smith*

Date: 30-Sep-24

Printed Name: JOHN SMITH

Title: CEO

### Cross Connect Internal Use Only

Notes:

Signature:

Date:

Printed Name:

Title:

# Transportation Quote Request

Shipper Information	Company: ABC COMPANY, INC. Address: 123 SOMEPLACE AVENUE, SUITE 3 City: NEW YORK State/Prov: NY Zip/Postal Code: 10093 Country: USA				Exhibitor Name: ABC COMPANY Booth #: 1001 Event Name: NAME OF THE EVENT/SHOW Venue Name: THE EVENT FACILITY Venue Address: 600 CONVENTION CENTRE DRIVE City: TORONTO State/Prov: ON Zip/Postal Code: M0X 0X0 Country: CANADA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	Contact: JOHN SMITH Tel: 555-555-0000 E-mail: JSMITH@DOMAIN.COM				Contact: JOHN SMITH Cell #: 555-555-0000 E-Mail: JSMITH@DOMAIN.COM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	<b>Date Shipment Available for Pick-up:</b> 04-Oct-2024 <b>Operating Days (e.g. Monday - Friday):</b> Monday - Friday <b>Operating Hours (e.g. 8 am - 4 pm):</b> 9 am - 5 pm <b>Loading Dock Onsite?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<b>Must Deliver By</b> (dd-mmm-yyyy h:mm tt): 28-Oct-2024 @ 10:00 am																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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	Total Shipment Value*: 10,000.00				Currency: USD *Detailed Commercial Invoice/Packing List, with values, must be provided.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
	<b>Cargo Insurance/Declared Value</b> This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by Cross Connect. Rather than attempt to recover under liability terms, Cross Connect offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact Cross Connect for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from Cross Connect.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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**CROSS CONNECT**  
CUSTOMS & EVENT LOGISTICS  
Tel: 416-639-2176  
E-mail: info@crossconnectcl.com

## Billing & Payment Information

### Event & Exhibitor

Exhibitor Name: ABC COMPANY	Booth #: 1001	
Event Name: NAME OF THE EVENT/SHOW	Event Dates: 25-Oct-24 to 29-Oct-24	
Facility/Venue Name: THE EVENT FACILITY		
Facility Venue Address: 600 CONVENTION CENTRE DRIVE		
City: TORONTO	State/Province: ON	Zip/Postal Code: M0X 0X0
Country: CANADA	On-site Contact: JOHN SMITH	Cell #: 555-555-0000
E-mail: JSMITH@DOMAIN.COM		

### Billing Information

<input type="checkbox"/> Same as Shipper (page 1)	<input checked="" type="checkbox"/> Same as Client (page 1)	
Company Name: ABC COMPANY, INC.		
Address: 123 SOMEPLACE AVENUE, SUITE 3		
City: NEW YORK	State/Province: NY	Zip/Postal Code: 10093
Country: USA		
Contact Name: JOHN SMITH		
E-mail: JSMITH@DOMAIN.COM		
Second Contact Name (if applicable): SUSAN JONES		
E-mail: SJONES@DOMAIN.COM		

### Payment Information

MUST BE COMPLETED			
Charge to:	<input checked="" type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	JOHN SMITH	CVV Number:	123
Credit Card Number:	1234 5678 9123 4567	Expiry Date:	11/2026 (mm/yyyy)
I authorize use of this card for payment or pre-payment of services relative to this form. I understand that pre-payments on estimated amounts are subject to adjustment, and that this card will be charged for adjustments and/or future invoices generated for services not outlined on, or in addition to, any estimates provided.			
I acknowledge that <b>declined credit cards are subject to a 30% surcharge</b> (minimum \$50.00 USD).			
Cardholder Signature:	<i>John Smith</i>		Date: 30-Sep-2024

### Remittance Information

Remit To:	Cross Connect Customs and Event Logistics Inc. 8001 Weston Road, Unit 2 Woodbridge, ON L4L 9C8
HST/GST#:	709076475RT0001
Tel:	(416) 639-2176
Attention:	Accounting Department
E-mail:	payments@crossconnectcl.com

FOR CUSTOMS CLEARANCE BY:

Cross Connect Customs And Event Logistics Inc.

**CARRIER ONLY PARS E-mail:** pars@crossconnectcl.com

## COMMERCIAL INVOICE / PACKING LIST

NOTE: Only pdf/tif attachments and not the email itself are received. Ensure that all

PARS information and any special instructions are included within pdf/tif attachment.

HOURS: Mon-Fri 9 am - 5 pm \*E-mails are monitored outside of regular business hours, but response may be delayed. Please ensure that ETA's are accurate.



Shipper:			Consignee (Ship To):		Importer Owner of Goods: <input type="checkbox"/> Same as Shipper					Shipped Via:			*REMARKS ("X" each item) *A - TEMPORARY IMPORT *B - PERMANENT IMPORT *C - GIVEN AWAY / SO D			
										Shipped To:						
<input type="checkbox"/> Adv. Whse <input type="checkbox"/> Show Site																
IRS #:																
Pieces:																
Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs																
Currency:																
Ship Date:																
Does this company have a Canadian Office																
# of Pieces	Type of Pieces	Qty	Description of Contents  Please include Brand Name & Model # for all electronic equipment.		Origin	Weight in (lbs/kg)	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
							L	W	H			A TEMP	B PERM	C PROMO	Unit Value	Total Value

\*\*FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**FOB VALUE:	
INSURANCE:	
FREIGHT CHARGE:	
**TOTAL CIF VALUE:	

\*\*CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions", as published online at [https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation\\_STC.pdf](https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf). The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

TEMPORARY IMPORT VALUE:

PERMANENT IMPORT VALUE:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

12/22

FOR CUSTOMS CLEARANCE BY:

Cross Connect Customs And Event Logistics Inc.

CARRIER ONLY PARS E-mail: pars@crossconnectcl.com

## COMMERCIAL INVOICE / PACKING LIST

NOTE: Only pdf/tif attachments and not the email itself are received. Ensure that all PARS information and any special instructions are included within pdf/tif attachment.  
HOURS: Mon-Fri 9 am - 5 pm \*E-mails are monitored outside of regular business hours, but response may be delayed. Please ensure that ETA's are accurate.



**CROSS CONNECT**  
CUSTOMS & EVENT LOGISTICS

**\*IMPORTANT:  
MUST be completed in full.**

Shipper: ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093  JOHN SMITH - 555-555-0000	Consignee (Ship To): ABC COMPANY, BOOTH # 1001 C/O NAME OF SHOW/EVENT VENUE NAME VENUE ADDRESS  ONSITE CONTACT NAME & CELL PHONE #	Importer Owner of Goods: <input checked="" type="checkbox"/> Same as Shipper ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093  JOHN SMITH - 555-555-0000	Shipped Via: Adv. Whse <input checked="" type="checkbox"/> Show Site	TRANSPORTATION COMPANY NAME	<p>*REMARKS ("X" each item)</p> <p>*A - TEMPORARY IMPORT *B - PERMANENT IMPORT *C - GIVEN AWAY / SO D</p>
			IRS #:	12-3456789	
			Pieces:	3	
			Weight:	1,800 <input type="checkbox"/> kg <input checked="" type="checkbox"/> lbs	
			Currency:	USD	
			Ship Date:	06/15/2021	
			(mm/dd/yyyy)		

# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name &amp; Model # for all electronic equipment.</small>	Origin	Weight in lbs (lbs/kg)	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
						L	W	H			A TEMP	B PERM	C PROMO	Unit Value	Total Value
1	SKID	1	DISPLAY BOOTH	USA	400	48	48	48	1.81	9403.20	X			5,250.00	5,250.00
1	CRATE	2	50" LED TV'S - LG MODEL# 55EG9100	CHINA	50	41	52	50	1.75	8528.72	X			700.00	1,400.00
		2	WEIGHTED METAL TV STANDS	JAPAN	950					9403.20	X			500.00	1,000.00
1	SKID	5000	ADVERTISING LITERATURE	USA	200	48	48	48	1.81	4911.10		X		0.15	750.00
		1000	BALL POINT PENS	CHINA	48					9608.10		X		0.35	350.00
		400	CATALOGS	USA	150					4911.10		X		3.00	1,200.00
		2	POSTERS	USA	2					4911.91	X			25.00	50.00

\*Each commodity **MUST** be listed on its own line; **DO NOT** group items.

\*Specific descriptions required; Vague descriptions such as "Give Aways", "Display Materials", or "Trade Show Samples" will **NOT** be accepted.

\*Values need to reflect the cost of goods (price paid), or the selling price of the goods (price payable); whichever is greater.

\*\$0 values will **NOT** be accepted.

\*Indicate the Country of Manufacture (where the goods are made); **NOT** the country of purchase.

\*\*FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**FOB VALUE:	10,000.00
INSURANCE:	
FREIGHT CHARGE:	
**TOTAL CIF VALUE:	10,000.00

\*\*CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions", as published online at [https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation\\_STC.pdf](https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf). The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

TEMPORARY IMPORT VALUE: 7,650.00

PERMANENT IMPORT VALUE: 2,350.00

Signature: John Smith

Date: 06/10/2021

12/22