

From your door - to the floor - and back Any Location. Any Mode. Any Service Level.

Allow the GES/ConsultExpo Logistics team to skillfully and efficiently manage the shipping and logistics process for you. As an industry leader, GES is committed to providing high level service while maintaining competitive rates and to providing an expert team you can rely on.

Consider these advantages:

- Priority delivery ensures that your freight is delivered first.
- Various service options: round-trip, outbound shipping only.
- Various transport options: time-critical, expedited, international air and more.
- Eliminate additional fees charged by some carriers for trade show deliveries.
- Avoid long wait times at the docks. Maximize your set-up time.
- GES/ConsultExpo Logistics reps are on-site and at your service .

From the beginning of move-in, throughout the event and until your last shipment leaves the show floor.

GES is the one-source solution for all of your Logistics needs.



Contact **GES/ConsultExpo Customs & Logistics** today at **ges@consultexpoinc.com** or **1(514)482-8886.** Visit the www.consultexpoinc.com/ges for an Online Form Submission.



TRANSPORTATION SERVICES ORDER FORM

Inbound Shipping Only

Company Name:

Venue Name:



Services Required (Please select one):

SHIPPER INFO (SHIPPING FROM)

Round Trip Shipping Services

Show / Event Name:

Company Name:

IRS#

Fax or Email Forms to: 1-888-629-9008 - GES@consultexpoinc.com - Tel:514-482-8886

Outbound Shipping Only

Booth#

Show / Event Dates:

DELIVERY INFO (GOING TO)

Address:			Address:						
City:	State/Prov: Zip/Post:			City: State/Prov: Zip/Post:					
Contact Name:		Tel:	On-site Contact Name:		Cell:				
Email:		Fax:	Email:						
RETURN SHIPPING IN	FORMATION	SAME AS SHIPPER	INVOICING INFORMA	ATION	SAME A	S SHIPPER			
Company Name:			Company Name:						
IRS#			IRS#						
Address:			Address:	Address:					
City:	State/Prov:	Zip/Post:	City:	State/Prov:	Zip/Post:				
Contact Name:		Tel:	Contact Name:		Tel:				
Email:		Fax:	Email:		Fax:				
TERMS OF PAYMENT		MANDATORY INFOR							
Charge to:	VISA		MASTERCARD		AMEX				
Cardholder Name:			Title:						
Credit Card Number:			CVV: Expiry Date:						
I hereby authorize use of this card for paym	ent of services relative to this fo	m. I understand that declined credit ca	rds are subject to a 20% surchage (minimum \$5	0.00).					
Cardholder Signature:			Date:						
SHIPMENT INFORMAT									
Carrier Name (If not using (GES):		Carrier Contact Nan						
Carrier Contact Tel:			Carrier Contact Ema	ail:					
Pick-up Date:			Hours of Operation:						
Delivery Date:			Delivery Time:						
# of Pieces	Type of Pieces (Box / Crate / Skids, et	Length (Inches) X W	fidth (Inches) X Height (Inches)		Per Piece (LBS)	Total (LBS)			
		X	X	@ Weight (LBS) Each					
		X	X	@ Weight (LBS) Each					
		X	X	@ Weight (LBS) Each					
		X	X	@ Weight (LBS) Each					
		X	X	@ Weight (LBS) Each					
		X	X	@ Weight (LBS) Each					
	Total Pieces	•			Total Weight				
Requested Service Level:	Air Freight 2nd	Day Eynodited	Ground / Truck		J				
Additional Services Required:			Special Service (Please Specify)						
Additional Services Required.	Liit Gate IIIs	de Fick Op / Delivery	Special Service (Flease Specily)						
Terms and conditions:									
			this event's Exhibitor kit. Please see the exhibit	or services manual for more in	formation.				
ConsultExpo Event Event Services Inc. is a	cting agent for GES Canada Ltd								
] [
CLIENT SIGNATURE I have read and agree to the terms of this contract.			ACCEPTED BY GES / CONSULTEXPO						
Signature:			Signature:	Signature:					
Name:			Name:						
Title:			Title:						
Date:									



GES is proud to offer our clients a one-source solution for Customs & Transportation services.

Reliable & Efficient Service

- Experience and reliable staff
- Personnel are accessible at all times

Value Added Service

• Save time and money by making fewer calls

Personalized Service

- Telephone and email communication
- Forms and instructions for completion in all Exhibitor Service Manuals
- One-on-one consultation to assist exhibitors with their specific needs

On-Site Representation

 GES/ConsultExpo Customs Services* representatives will be on-site from the beginning of move-in and at dismantle until the last shipment leaves the trade show floor.

Simplified Ordering

• Online: www.consultexpoinc.com/ges

• Email: ges@consultexpoinc.com

• Phone: 1(514)482-8886

* Customs Brokerage services provided by ConsultExpo Inc.





CLIENT SIGNATURE I have Read and agree to the terms of this contract.

Signature:

Name:

Title:

Date:

Services Required (Please select one):

Show / Event Name:

CUSTOMS SERVICES ORDER FORM

Fax or Email Forms to: 1-888-629-9008 - info@consultexpoinc.com - Tel:514-482-8886

Show / Event Dates:

Customs Clearand	ce and Shipping Service	es Custom (Clearance Only				
SHIPPER INFO (SHIPP	ING EPOM)		DELIVER	Y INFO (GO	ING TO)		
Company Name:	ING PROM)		Company	· · · · · · · · · · · · · · · · · · ·	ing 10)	Booth#	
IRS#			Venue Nar			B00t1#	
				ne.			
Address:			Address:				
City:	State/Prov: Zi	p/Post:	City:		State/Prov:	Zip/Post:	
Contact Name:	Te	el:	On-site Co	ntact Name:		Cell:	
Email:	Fa	ax:	Email:				
RETURN SHIPPING IN	FORMATION	SAME AS SHIPPE	R INVOICI	NG INFORMA	ATION	SAME A	S SHIPPER
Company Name:			Company	Name:			
IRS#			IRS#				
Address:			Address:				
City:	State/Prov: Zi	p/Post:	City:		State/Prov:	Zip/Post:	
Contact Name:	Te		Contact No	amo:	Otate/110V.	Tel:	
Email:		ax:	Email:	airie.		Fax:	
Ellidii.	Г	1X.	Elliali.			гах.	
TERMS OF PAYMENT A	AND DEPOSIT - (MA	NDATORY INFO	RMATION)				
Charge to:	VISA		MAS	TERCARD			
Cardholder Name:			٦	Title:			
Credit Card Number:			CVV: E	Expiry Date:			
I hereby authorize use of this card for payme	ent of services relative to this form. I u	inderstand that declined cred	it cards are subject to a 20%	surchage (minimum \$5	60.00).		
Cardholder Signature:			[Date:			
SHIPMENT INFORMAT	ION						
Carrier Name (If not using C			Carri	er Contact Nan	ne:		
Carrier Contact Tel:	, , , , , , , , , , , , , , , , , , ,			er Contact Ema			
Pick-up Date:				s of Operation:			
Delivery Date:				ery Time:			
,	Type of Pieces						
# of Pieces	(Box / Crate / Skids, etc.)	Length (Inches) X	Width (Inches) X I	Height (Inches)		Per Piece (LBS)	Total (LBS)
		X	X		@ Weight (LBS) Each		
		X	X		@ Weight (LBS) Each		
		Х	Х		@ Weight (LBS) Each		
		X	X		@ Weight (LBS) Each		
		Х	Х		@ Weight (LBS) Each		
		Х	Х		@ Weight (LBS) Each		
	Total Pieces					Total Weight	
Requested Service Level:	Air Freight	2nd Day	Expedited	Ground / Tr	uck		
Additional Services Required:	Lift Gate	Inside Pid	ck Up / Delivery	Special Ser	vice (Please Specify)		
Cargo Insurance / Declared Value This shipment is covered under basic carrier part of the shipment lost or damaged, but no Please contact ConsultExpo Inc. for more in Terms and conditions This order is placed with the specific unders such properties being handled: 1) ConsultEx	t less than \$50.00 per shipment UNL formation on Cargo Insurance. tanding that we hereby release Consi	ESS additional Cargo Insurar	nce has been arranged with	ConsultExpo Inc. Subjections of the consultExpo Inc. Subjection in the consult of	ct to the terms and conditions of the terms and conditions of the terms and property, no ma	of liability for loss/damage,	, stated below.
due to fire, acts of god, strikes, lock outs of a arrangements and paid applicable charges. damage to materials. 5) All hazardous materials.	any kind beyond its control. 3) Consul 4) ConsultExpo Inc. shall not be liable	tExpo Inc. liability is outlined to any extent whatsoever fo	in the above Cargo Insurance or the actual, potential or ass	e / Declared Value secti umed losses or profits o	ion. We are self-insured, or har r revenues, or for any collatera	ve made other appropriate al costs which may result fr	insurance

ACCEPTED BY CONSULTEXPO

Signature:

Name:

Title:

Date:



Date: 08/15/2022

CUSTOMS SERVICES ORDER FORM

Fax or Email Forms to: 1-888-629-9008 - info@consultexpoinc.com - Tel:514-482-8886 Show / Event Name: INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022 Show / Event Dates: SEPTEMBER 22-25 Services Required (Please select one): Shipping Only Custom Clearance Only ✓ Customs Clearance and Shipping Services **SHIPPER INFO (SHIPPING FROM) DELIVERY INFO (GOING TO)** Company Name: "EXHIBITING COMPAN™ Booth# 1232 Company Name: "EXHIBITING COMPANY NAME" Venue Name: EVENT FACILITY NAME IRS# 12-3456786 Address: 123 SESAME STREET Address: 123 CONVENTION CENTER WAY State/Prov: PA Zip/Post: 19047 State/Prov: QC Zip/Post: H1X 1X1 City: LANGHORNE City: MONTREAL Cell: 555-222-6655 Contact Name: MARY PARKER Tel: 709-888-0970 On-site Contact Name: MARY PARKER Email: MPARKER@EMAIL.COM Email: MPARKER@EMAIL.COM 709-888-7788 **RETURN SHIPPING INFORMATION** INVOICING INFORMATION ✓ SAME AS SHIPPER ✓ SAME AS SHIPPER Company Name: "EXHIBITING COMPANY NAME" Company Name: "EXHIBITING COMPANY NAME" IRS# 12-3456786 IRS# 12-3456786 Address: 123 SESAME STREET Address: 123 SESAME STREET City: LANGHUKNE Zip/Post: 19047 State/Prov: PA State/Prov: PA City: LANGHORNE Zip/Post: 19047 Contact Name: MARY PARKER Contact Name: MARY PARKER Tel: 709-888-0970 Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 Fax: 709-888-7788 Email: MPARKER@EMAIL.COM TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION) **VISA** MASTERCARD Charge to: Cardholder Name: MARY PARKER Title: YOUR TITLE Expiry Date: MM/DD Credit Card Number: XXXX XXXX XXXX XXXX CVV- xxx 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 20% surchage (minimum \$50.00). Cardholder Signature: SHIPMENT INFORMATION Carrier Name (If not using ConsultExpo): CONSULTEXPO INC Carrier Contact Name: COORDINATOR NAME Carrier Contact Tel: 514-709-0781 Carrier Contact Email: Pick-up Date: 11/12/2022 Hours of Operation: 8am - 5pm Delivery Date: 09/22/2022 Delivery Time: 8am Type of Pieces (Box / Crate / Skids, etc. # of Pieces Length (Inches) X Width (Inches) X Height (Inches) Per Piece (LBS) Total (LBS) 500 5 44 Χ 15 Χ 15 @ Weight (LBS) Each 100 cases Χ Χ @ Weight (LBS) Each Χ Χ @ Weight (LBS) Each Χ Χ @ Weight (LBS) Each Χ Х @ Weight (LBS) Each Χ Χ @ Weight (LBS) Each 5 **Total Pieces Total Weight** 500 Requested Service Level: Air Freight 2nd Day Expedited Ground / Truck Additional Services Required: Lift Gate Inside Pick Up / Delivery Special Service (Please Specify) Cargo Insurance / Declared Value

This shipment is covered under basic carrier liability, directly 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 ConsultExpo Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact ConsultExpo Inc. for more information on Cargo Insurance. This order is placed with the specific understanding that we hereby release ConsultExpo Inc. 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) ConsultExpo Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) ConsultExpo Inc. 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) ConsultExpo Inc. 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) ConsultExpo Inc. 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. ConsultExpo Inc shall not be responsible for AMPS penalties. CLIENT SIGNATURE I have Read and agree to the terms of this contract. **ACCEPTED BY CONSULTEXPO** Signature: Signature: Name: MARY PARKER Name: Title: PRESIDENT Title:

Date:



Agence des services frontaliers du Canada

CANADA CUSTOMS INVOICE FACTURE DES DOUANES CANADIENNES

PROTECTED PROTÉGÉ	В	when completed une fois rempli
	Page	

	of de			
Vendor (name and address) - Vendeur (nom et adresse)	2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada			
	Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)			
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)			
	Country of transhipment - 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. IL EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.			
Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada	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			
11. 12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality)	13. Quantity (state unit) Quantité 14. Unit price 15. Total			
packages Nombre Nombre Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	Quantité 14. Unit price 15. Total (précisez l'unité) Prix unitaire			
de colis				
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	16. Total weight - Poids total 17. Invoice total Total de la facture			
commerciales ci-attachées, cochez cette case Commercial Invoice No N° de la facture commerciale	Net Gross - Brut			
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 porigine (nom et adiesse)			
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			
23. If included in field 17 indicate amount: 24. If not included in fiel	Si les zones 23 à 25 sont sans objet, cochez cette case 7 indicate amount: 25. Check (if applicable):			
Si compris dans le total à la zone 17, précisez : Si non compris dans	s le total à la zone 17, précisez : Cochez (s'ill y a lieu) : (i) Royalty payments or subsequent proceeds are			
from the place of direct shipment to Canada to the place of di Les frais de transport, dépenses et assurances Les frais de transport, dépenses et assurances	rect shipment to Canada sport, dépenses et assurances expédition directe vers le Canada suppédition directe vers le Canada suppédition directe vers le Canada			
jusqu'au point de point d'oxposition directe vers le Ganada jusqu'au point de	verses par recircion			
incurred after importation into Canada commissions	nmissions other than buying s autres que celles versées (ii) The purchaser has supplied goods or services			
d'assemblage après importation au Canada pour l'achat	(ii) The published that supplied goods of services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces			
(iii) Export packing (iii) Export packing	marchandises			
Le coût de l'emballage d'exportation (iii) Export packing (iii) Export packing Le coût de l'emballage d'exportation	allage d'exportation			
Dans ce formulaire toutes les expressions désignant d	les personnes visent à la fois les hommes et les femmes.			

Agence des services frontaliers du Canada

CANADA CUSTOMS INVOICE FACTURE DES DOUANES CANADIENNES

PROTECTED PROTÉGÉ	В	when completed une fois rempli
	Page	

					1 of de 1	
1. Vendor	(name and address) - Vendeur (nom et adresse)	2. Date of o	direct shipment to Canada	- Date d'expédition directe ve		
"EXHIBITING COMPANY NAME"						
123 SESAME STREET		0 011				
	DRNE, PA	Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)				
19047 U	SA					
4. Consign	nee (name and address) - Destinataire (nom et adresse)	5. Purchase	er's name and address (if o	other than consignee)		
	ITING COMPANY NAME"	Nom et adresse de l'acheteur (s'il diffère du destinataire)				
	T'L MUPPET ASSOCIATION ANNUAL MEETING 2022	N/A				
EVENT	FACILITY NAME					
123 CON	IVENTION CENTER WAY					
MONTR	EAL, QC H1X 1X1	Country of transhipment - Pays de transbordement				
		N/A				
			of origin of goods	IF SHIPMENT INCLUDES (GOODS OF DIFFERENT ORIGINS	
			rigine des marchandises JSA / CHINA	SI L'EXPÉDITION COMPRI DIFFÉRENTES, PRÉCISEZ	GOODS OF DIFFERENT ORIGINS 1 ITEMS IN 12. END DES MARCHANDISES D'ORIGINES 2 LEUR PROVENANCE EN 12.	
	ortation: Give mode and place of direct shipment to Canada ort : Précisez mode et point d'expédition directe vers le Canada	9. Condition	ns of sale and terms of pay, consignment shipment, le	yment		
		Condition	ns de vente et modalités de	e paiement		
ConsultE	xpo Logistics INC, CHICAGO, IL	"		nation, location de marchand	ises, etc.)	
		NO SALE INVOLVED				
		10. Currency of settlement - Devises du paiement USD				
11.	12. Specification of commodities (kind of packages, marks and numbers, general	1 000	13. Quantity	Selling pr	ice - Prix de vente	
Number of packages	description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale		(state unit) Quantité	14. Unit price	15. Total	
Nombre	et caractéristiques, p. ex. classe, qualité)		(précisez l'unité)	Prix unitaire		
de colis	PLASTIC CRATES CONTAINING BOOTH STRUCTURE - MADE IN	LISA	5	\$1,000.00	\$5,000.00	
5	LITERATURE - MADE IN USA	USA	1000	\$0.10	\$100.00	
	KEYCHAINS - MADE IN CHINA		50	\$0.50	\$25.00	
	REFORMATION - MADE IN CHIENA		30	Ψ0.50	Ψ25.00	
	fields 1 to 17 are included on an attached commercial invoice, check this box		16. Total weight - I	Poids total	17. Invoice total	
commer	enseignement relativement aux zones 1 à 17 figure sur une ou des factures ciales ci-attachées, cochez cette case		Net	Gross - Brut	Total de la facture	
	rcial Invoice No N° de la facture commerciale	_		500	\$5,125.00	
	r's name and address (if other than vendor) adresse de l'exportateur (s'il diffère du vendeur)	20. Originato	or (name and address) - Ex	péditeur d'origine (nom et ac	dresse)	
			ITING COMPANY N	NAME"		
		123 SESAME STREET LANGHORNE, PA				
	·	LANGHO	JRINE, PA			
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 zo	nes 23 à 25 sont sans obje	t, cochez cette case	\boxtimes	
-	ed in field 17 indicate amount: 24. If not included in field 17 ris dans le total à la zone 17, précisez : Si non compris dans le total à la zone 17, précisez :			eck (if applicable): chez (s'il y a lieu) :		
(i) Transportation charges, expenses and insurance (i) Transportation charges			es, expenses and insurance (i) Royalty payments or subsequent proceeds are			
from the place of direct shipment to Canada to the place of direct sl Les frais de transport, dépenses et assurances Les frais de transport,		shipment to Canada paid or payable by the purchaser the dependence of the part of the purchaser paid or payable by the purchaser the part of the purchaser the purchaser the part of the purchaser the part of the purchaser				
	à partir du point d'expédition directe vers le Canada jusqu'au point d'expé	uilion airecte ve	ris le Canada	versés par l'acheteur		
(ii) (Costs for construction, erection and a sembly (iii) mounts for commiss	ons o ler nan	buving			
incurred after importation into Canada Les coûts de construction, d'érection			rersée	The purchaser has supplied	goods or services	
d'assemblage après importation au Cabada.			-/ \ \	for use in the production of t L'acheteur a fourni des marc	hese goods chandises ou des	
				services pour la production of marchandises	de ces	
(iii) Export packing Le coût de l'emballage d'exportation (iii) Export packing Le coût de l'emballage		e d'exportation				
25 554, 45 / S. I.Salilago d S. Iportation Lo Gout de l'emballage		o a caportation				
	Dans ce formulaire, toutes les expressions désignant des p	ersonnes visent	à la fois les hommes et le	s femmes.		