

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	Х	@ 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 IN	ave read and agree to the terms	of this contract.	ACCEPTED BY GES / CONSULTEXPO						
Signature:			Signature:						
Name:			Name:						
Title:			Title:	Title:					
Date:			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 Clearan	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#						B00t1#				
				Venue Name:						
Address:			Address:							
City:	State/Prov: Zi	p/Post:	City:		State/Prov:	Zip/Post:				
Contact Name:	Te	el:	On-site Co	On-site Contact Name:			Cell:			
Email:	Fa	ax:	Email:							
RETURN SHIPPING IN	FORMATION	SAME AS SHIPPE	ER INVOICIN	IG INFORMA	ATION	SAME A	S SHIPPER			
Company Name:			Company N	Name:						
IRS#			IRS#							
Address:			Address:							
City:	State/Prov: Zi	p/Post:	City:		State/Prov:	Zip/Post:				
Contact Name:	Te		Contact Na	mo:	Otate/110V.	Tel:				
Email:		ax:	Email:	iiiic.		Fax:				
Ellidii.	Г	1X.	EIIIaII.			гах.				
TERMS OF PAYMENT A	AND DEPOSIT - (MA	NDATORY INFO	DRMATION)							
Charge to:	VISA		MAST	ERCARD						
Cardholder Name:			Т	itle:						
Credit Card Number:			CVV: E	xpiry 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:			D	ate:						
SHIPMENT INFORMAT	ION									
Carrier Name (If not using C			Carrie	er Contact Nan	ne:					
Carrier Contact Tel:	, , , , , , , , , , , , , , , , , , ,			er Contact Ema						
Pick-up Date:				of Operation:						
Delivery Date:				ery Time:						
	Type of Pieces									
# of Pieces	(Box / Crate / Skids, etc.)	Length (Inches) X	Width (Inches) X H	leight (Inches)		Per Piece (LBS)	Total (LBS)			
		X	X		@ Weight (LBS) Each					
		Х	X		@ Weight (LBS) Each					
		X	X		@ Weight (LBS) Each					
		X	X		@ Weight (LBS) Each					
		X	X		@ Weight (LBS) Each					
		Х	Х		@ Weight (LBS) Each					
	Total Pieces					Total Weight				
Requested Service Level:	Air Freight	2nd Day	Expedited	Ground / Tr	ruck					
Additional Services Required:	Lift Gate	Inside Pic	ck Up / Delivery	Special Ser	rvice (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 C	consultExpo Inc. Subject	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 r the actual, potential or assu	e / Declared Value secti med 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. □	ate of direct shipment to	o Canada - Date d'expédition directe	vers le Canada
			e purchaser's order No.) e le n° de commande de l'acheteur)	
Consignee (name and address) - Destinataire (nom et adresse)			ddress (if other than consignee) eteur (s'il diffère du destinataire)	<u>. </u>
	6.0	ountry of transhipment	- Pays de transbordement	
	0. 0	ountry of transhipment.	- Pays de transpordement	
		ountry of origin of goods	IF SHIPMENT INCLUDE ENTER ORIGINS AGAIR SI L'EXPÉDITION COM	S GOODS OF DIFFERENT ORIGINS UST ITEMS IN 12. PREND DES MARCHANDISES D'ORIGINES SEZ LEUR PROVENANCE EN 12.
Transportation: Give mode and place of direct shipment to Canada		conditions of sale and te	rms of payment	SEZ LEUR PROVENANCE EN 12.
Transport : Précisez mode et point d'expédition directe vers le Canada	i i	onditions de vente et m	nipment, leased goods, etc.) lodalités de paiement en consignation, location de marchal	ndises, etc.)
	, ,	, ,		. ,
	10. C	currency of settlement -	Devises du paiement	
11. 12. Specification of commodities (kind of packages, marks and numbers, gen	eral	13. Quan	ntity Selling	price - Prix de vente
Number of description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description et caractéristiques, p. ex. classe, qualité)	on générale	(state Quan précisez	ntité 14. Unit price	15. Total
Nombre de colis et caracteristiques, p. ex. classe, qualite)		Precisez	(Turine)	
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. Tota	l weight - Poids total Gross - Brut	17. Invoice total Total de la facture
commerciales ci-attachées, cochez cette case Commercial Invoice No N° de la facture commerciale		Net	Closs - Blut	
Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)	₽ 0. 0	riginator (name and add	dress) - Expéd icur a origine (nom et	adiesse)
	T			
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)	22. If	fields 23 to 25 are not a	applicable, check this box	
	S	i les zones 23 à 25 sont	sans objet, cochez cette case	
	ncluded in field 17 indicate compris dans le total à la		25. Check (if applicable): Cochez (s'il y a lieu) :	
from the place of direct shipment to Canada to t	ansportation charges, expe the place of direct shipmen s frais de transport, dépens	t to Canada	(i) Royalty payments or subs paid or payable by the pur Des redevances ou produ	chaser
à partir du point d'expédition directe vers le Canada jus	qu'au point d'expédition dir	ecte vers le Canada	versés par l'acheteur	
(ii) Costs for construction, erection and assembly (ii) Amounts for commincurred after importation into Canada commissions		nissions other than buying		
		tres que celles versées (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 marchandises	n de ces
(iii) Export packing Le coût de l'emballage d'exportation (iii) Export packing Le coût de l'emballage d'exportation	port packing coût de l'emballage d'expo	ortation		
Dans ce formulaire, toutes les expression	ns désignant des personnes	s visent à la fois les hom	nmes 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 v		
"EXHIBITING COMPANY NAME"						
123 SESAME STREET		0 011				
LANGHORNE, 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	ther than consignee)		
	ITING COMPANY NAME"		adresse de l'acheteur (s'il di			
	T'L MUPPET ASSOCIATION ANNUAL MEETING 2022	N/A				
	FACILITY NAME					
123 CON	IVENTION CENTER WAY					
MONTR	EAL, QC H1X 1X1	0 0	of translations and David And			
		N/A	of transhipment - Pays de t	ansbordement		
			of origin of goods	IF SHIPMENT INCLUDES	GOODS OF DIFFERENT ORIGINS	
		Pays d'o	rigine des marchandises JSA / CHINA	ENTER ORIGINS AGAINS' SI L'EXPÉDITION COMPR DIFFÉRENTES PRÉCISEZ	GOODS OF DIFFERENT ORIGINS TITEMS IN 12. END DES MARCHANDISES D'ORIGINES Z LEUR PROVENANCE EN 12.	
	ortation: Give mode and place of direct shipment to Canada	9. Condition	ns of sale and terms of pay	ment	ELECTION FLORING EN 12.	
Transpo	ort : Précisez mode et point d'expédition directe vers le Canada	Condition	, consignment shipment, le ns de vente et modalités de	paiement		
ConsultE	xpo Logistics INC, CHICAGO, IL	"	ente, expédition en consign	ation, location de marchand	lises, etc.)	
			E INVOLVED			
			y of settlement - Devises du	paiement		
44	12. Specification of commodities (kind of packages, marks and numbers, general	USD	13. Quantity	O allian and	in Dividend	
11. Number of	description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale		(state unit) Quantité	14. Unit price	rice - Prix de vente 15. Total	
packages Nombre	et caractéristiques, p. ex. classe, qualité)		(précisez l'unité)	Prix unitaire		
de colis	DI ACTTO CO ATTO CONTATNITADO DO OTILI CTOLICTURO. MADO TAL	IIC A	F	¢1 000 00	¢5.000.00	
5	PLASTIC CRATES CONTAINING BOOTH STRUCTURE - MADE IN	USA	5	\$1,000.00	\$5,000.00	
	LITERATURE - MADE IN USA KEYCHAINS - MADE IN CHINA		1000	\$0.10	\$100.00 \$25.00	
	KEYCHAINS - MADE IN CHINA		50	\$0.50	\$25.00	
	fields 1 to 17 are included on an attached commercial invoice, check this box		16. Total weight - F	oids total	17. Invoice total	
	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	
Comme	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) - Exp	editeur d'origine (nom et ac	dresse)	
		"EXHIB]	ITING COMPANY N	IAME"		
			AME STREET			
	•	LANGHO	DRNE, PA			
21. Agency	ruling (if applicable) - Décision de l'Agence (s'il y a lieu)	22. If fields 2	23 to 25 are not applicable,	check this box		
			nes 23 à 25 sont sans objet		\bowtie	
-	ed in field 17 indicate amount: 24. If not included in field 17 ris dans le total à la zone 17, précisez : 25. If not included in field 17 Si non compris dans le total à la zone 17, précisez :			ck (if applicable): hez (s'il y a lieu) :		
(i)	Fransportation charges, expenses and insurance (i) Transportation charge	es, expenses ar	nd insurance (i) i	Royalty payments or subsec	quent proceeds are	
from the place of direct shipment to Canada to the place of direct sh Les frais de transport, dépenses et assurances Les frais de transport,		shipment to Canada paid or payable by the purchaser , dépenses et assurances Des redevances ou produits ont été ou seront				
	à partir du point d'expédition directe vers le Canada jusqu'au point d'expé	dition directe ve	ers le Canada	versés par l'acheteur		
(ii) (Costs for construction, erection and a sembly (ii) mounts for commis	ons over pan	buying			
(ii) Costs for construction, efection and a sembly incurred after importation into Canada Les coûts de construction, d'érection (Les coûts de construction, d'érection (Les courses de construction (Les courses de construction (Les courses de construction (Les courses de construction (Les courses de construction (Les courses de construction (Les courses de construction (Les courses de construction (Les courses de construction (verség	The purchaser has supplied	goods or services	
d'assemblage après importation au Chado			_7 \ \ \ \ \	o use in the production of t acheteur a fourni des mare	these goods chandises ou des	
				services pour la production on narchandises		
(iii) Export packing (iii) Export packing						
'	_e coût de l'emballage d'exportation Le coût de l'emballag	e u exportation				
	Dans ce formulaire, toutes les expressions désignant des p	ersonnes visent	à la fois les hommes et les	femmes.		