



4-6 February 2020
Toronto Congress Center – Ontario | CANADA



HANDBOOK

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ORGANIZER CONTACT

advanced business events

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EVENT SCHEDULE & AGENDA

The times below are subject to minor changes; the final timetable will be communicated as we get closer to the event.

Tuesday, February 4th

Conference Day – North Building - Ballroom A – **NO EXHIBITION OR B2B MEETINGS THAT DAY**

08.00 am – 09.00 am: Registration & Morning Coffee
9.00 am – 12.40 pm : Keynote presentations and Panel Discussions
12.40 pm – 2 pm : Light lunch
2 pm – 5.30 pm : Keynote presentations and Panel Discussions
Cocktail reception/ Mixer sponsored by BDO - Open to all conference registrants.

Wednesday, February 5th (North Building - Hall H)

07.30 am – 08.30 am: Registration
08.30 am – 12.25 pm: B2B Meetings & Workshops
12.25 pm – 02.00 pm: Lunch
02.00 pm – 05.55 pm: B2B Meetings & Workshops
6 pm-10 pm: Evening Reception – Shania Twain Lobby outside Hall H

Thursday, February 6th (North Building - Hall H)

08.00 am – 08.30 am: Participants may access the hall
08.30 am – 12.25 pm: B2B Meetings
12.25 pm – 02.00 pm: Lunch
02.00 pm – 05.25 pm: B2B Meetings

HOW TO GET THERE & WHEN YOU GET THERE



TORONTO CONGRESS CENTER

1020 MARTIN GROVE ROAD

Etobicoke, ON M9W 1J1, Canada - Toronto, Ontario, Canada

www.torontocongresscentre.com

+1 416-245-5000

ATMS Conference of the 4th February is taking place in the North Building - Ballroom A

ATMS Exhibition and B2B meetings on the 5th and 6th February are taking place in the North Building - Hall H (besides Ballroom A)

PLEASE USE THE NORTH BUILDING HALL H WEST DOORS (ON 1020 MARTIN GROVE ROAD) TO ACCESS THE EVENT

ATMS participants get FREE PARKING.

Upon arrival, all participants must register at ATMS reception desk (located North Building Ballroom A & Hall H) and collect their participant folders.

The participant folder contains the following items:

- The event booklet with the event programme, floor plan and any other relevant information
- Your B2B meetings agenda for the 5th and 6th February
- Your badge(s) (if you have purchased tickets for the lunches on 5-6, and the evening reception on the 5th it will be mentioned on your badge)

MOVE-IN

Set-up time will be running from **2:00pm to 8:00pm on Tuesday 4th February** - Otherwise, exhibitors may access their booth on the 5th from 7.30 am.

We strongly recommend you to bring roll-up posters and graphics with you to customize your space – you can also ship your items to the venue or print your booth panels using our Vendor DEE (see hereafter the ADDITIONAL FURNITURE AND PRINTING section)
Exhibitors are welcome to bring pop-up stands, rollups and other graphics as long as they fit within the dimensions of the selected booth and do not stick out.




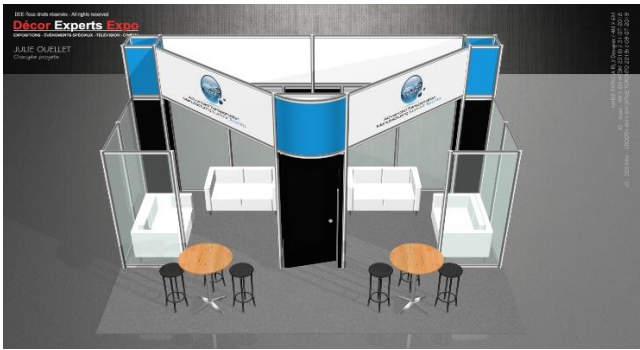
Noisy machines or sound systems **are not allowed**. Also ensure that all equipment and graphics you'll bring can actually fit in your booth.

MOVE-OUT

Exhibitors must have all their materials and equipment cleared from the booths by **8:00pm on Thursday, February 6th**. **Your materials and equipment must be picked up by your outbound carrier by 6:30pm on February 6th** from the Exhibition Center.

NOTE: It is strongly recommended all your belongings at all times. Advanced Business Events shall not be responsible for any damage caused to your equipment or theft. Any materials or equipment left or unattended after 8 pm on the 6th February could be taken to a place the organizer deems appropriate at the participant cost and risk.

BOOTH PACKAGE DESCRIPTION

Basic Package 4 sqm booth 2m x 2m	Deluxe Package 8 sqm booth 4m x 2m
	
<ul style="list-style-type: none"> ✓ Lighting ✓ 1 Table ✓ 3 Chairs ✓ Carpet ✓ Fascia Board ✓ Panel dimensions : 949 mm x 2292 mm (90-1/4" X 37-3/8") <p>** Power outlet is not included - you have to order it through FREEMAN (see below POWER section)</p>	<ul style="list-style-type: none"> ✓ Lighting ✓ 2 Tables ✓ 6 Chairs ✓ Carpet ✓ Fascia Board ✓ Panel dimensions : 949 mm x 2292 mm (90-1/4" X 37-3/8") <p>** Power outlet is not included - you have to order it through FREEMAN (see below POWER section)</p>
Premium Package 12 sqm booth 4m x 3m	Premium Package 24 sqm booth 4m x 6m
	
<ul style="list-style-type: none"> ✓ Hard wall structure ✓ Locked Storage space (2 m x 1,5 m) ✓ Lighting & power (electricity) ✓ 2 Tables 6 chairs ✓ Reception Counter and 2 stools ✓ Carpet flooring ✓ Company sign/header ✓ Panel customization not included – please refer to attached DEE form for dimensions 	<ul style="list-style-type: none"> ✓ Hard wall structure ✓ Lighting & power (electricity) ✓ High and coffee tables ✓ High and arm chairs ✓ Reception counter and 2 stools ✓ Carpet flooring ✓ Company sign/header ✓ Panel customization not included – please refer to attached DEE form for dimensions

* The product images shown are for illustration purposes only

In order to customize your space, we strongly recommend you to bring graphics. You must bring necessary materials to hang or paste your graphics (chains, adhesives and so forth). **It is strictly forbidden to drill into the panels.**

BOOTH CUSTOMIZATION + ADDITIONAL FURNITURE

You may trade your default furniture or order additional equipment at your own cost.

Our official supplier, « DEE » offers a wide range of furniture, equipment & printed materials.

Download DEE booking form using this [link](#)

To benefit from reduced rates return the form **by 18th January** to christine.chenette@dee-expo.com

All enquiries must be addressed to:

Christine Chenette

Project Manager

Décor Experts Expo

Office : 450-646-2251 ext 250

christine.chenette@dee-expo.com

www.decorexpertsexpo.co

POWER

Electricity is not included on the 4 sqm and 8 sqm booths.

Should you require power on the ground please order by **17th January** using this link <https://e.showtechordering.com/ST-00058675>

Exhibitors will need to create a username & password for themselves before placing an order online.

YOU DO NOT NEED YOUR BOOTH NUMBER WHEN PLACING THE ORDER.

SERVICE PROVIDER:

SHOWTECH
POWER & LIGHTING

Contact: Mandy Hawerchuk - Event Specialist

Phone 416.244.4899

Email mhawerchuk@showtech.ca

AUDIO VISUAL & INTERNET ORDERS

Audio Visual and Internet orders must be placed via the Toronto Congress Center Vendor FREEMAN **by the 20th January, 2020**

Please use the attached booking forms [wifi/internet](#), [Computer&audiovisual](#) and email it back to tcc@freemanco.com

Contact: MisterTawseef Quraishi

650 Dixon Road | Etobicoke | Ontario | M9W 1J1

O +1 416 240 7838 | M +1 416 991 4948 | freemanav-ca.com

The Organizer is not responsible for these extra services.

SHIPPING GOODS TO THE VENUE

Be sure to have your materials delivered from 8:00am on February 3rd, 2020. Any earlier deliveries **will not be accepted.**

Send them to the address below and add **the name of the event** as well as **your company name** on the label.

TORONTO CONGRESS CENTER (ATMS 2020)

1020 Martin Grove Road - Etobicoke - ON M9W 1J1, Canada -MCRC+CP Toronto, Ontario, Canada

Materials Delivery date: from February 3rd, 2020

Materials Pick-up: From February 6th, 2020 before 8 pm

Any questions? Please contact :

Diana DiManno

Event Logistics Manager

t. 416.245.5000 ext. 2245

d. 416.235.2375 | f. 416.245.3046

For all customs and shipping inquiries please contact:

Mr. John Santini- Operations Director

Tel: 514.482.8886 #1 / Cell: 514.709.0781

Email: johns@consultexpoinc.com

See Attached PDF Customs and Shipping form.

EATING AREAS

BUSINESS LUNCHES (5-6 February)

A seated business lunch will be catered on **February 5th & 6th.**

This option is **NOT INCLUDED in your package unless you are a sponsor.** If you have not ordered it yet, you need to book it by **January 20th** via your B2B online account.

COFFEE BREAKS

Complimentary coffee and tea will be available during the event.

EVENING RECEPTION (5th February)

The evening reception held on the **February 5th** will be taking place in the **Shania Twain Lobby** (just outside Hall H)

This option is **NOT INCLUDED in the additional delegate passes.** If you have not ordered it yet, you need to book it by **January 20th** via your B2B online account.

CONFERENCE & WORKSHOPS

All conference and workshop queries must be addressed to Rosanna QUIGLEY rquigley@advbe.com

HOTELS

Radisson Suite Hotel Toronto Airport (ATMS PARTNER) – ENJOY REDUCED RATES IF YOU BOOK BEFORE 20 JANUARY

640 Dixon Road, Toronto, Ontario, M9W 1J1

ATMS participants will be getting a **special discount** with complimentary breakfast and free parking if they call the hotel directly at +1 416-242-7400 or email rhi_toap@radisson.com mentioning their participation to ATMS 2020 **by January 20.**

Four Points by Sheraton Toronto Airport East 2180 Islington Avenue Toronto, ON M9P 3P1

<https://www.marriott.com/event-reservations/reservation-link.mi?id=1572624360697&key=GRP&app=resvlink>

Heather Waugh-Gordon

Sales Manager

T (416) 240-9090 X 7031

M (647) 528-8041

Four Points by Sheraton

Toronto Airport East

2180 Islington Ave, Toronto, ON M9P 3P1

Holiday Inn Toronto Airport East

Address: 600 Dixon Road, Toronto ON, M9W 1J1

Direct: 416-240-4384 | Hotel: 416-240-7511 | Fax: 416-240-4377

E-mail: p.sambasivan@yyzae.com Web: www.hitorontoairport.ca

FORMS

CUSTOMS & TRANSPORTION



**CUSTOMS & TRANSPORTATION
SERVICES ORDER FORM**

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

Show / Event Name: _____ **Show / Event Dates:** _____

Services Required (Please select one):

Customs Clearance and Shipping Services Custom Clearance Only Shipping Only

SHIPPER INFO (SHIPPING FROM)

Company Name: _____
 IRS# _____
 Address: _____

City: _____ State/Prov: _____ Zip/Post: _____
 Contact Name: _____ Tel: _____
 Email: _____ Fax: _____

DELIVERY INFO (GOING TO)

Company Name: _____ Booth# _____
 Venue Name: _____
 Address: _____

City: _____ State/Prov: _____ Zip/Post: _____
 On-site Contact Name: _____ Cell: _____
 Email: _____

RETURN SHIPPING INFORMATION SAME AS SHIPPER

Company Name: _____
 IRS# _____
 Address: _____

City: _____ State/Prov: _____ Zip/Post: _____
 Contact Name: _____ Tel: _____
 Email: _____ Fax: _____

INVOICING INFORMATION SAME AS SHIPPER

Company Name: _____
 IRS# _____
 Address: _____

City: _____ State/Prov: _____ Zip/Post: _____
 Contact Name: _____ Tel: _____
 Email: _____ Fax: _____

TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)

Charge to: VISA MASTERCARD AMEX

Cardholder Name: _____ Title: _____
 Credit Card Number: _____ CVV: _____ Expiry Date: _____

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% surcharge (minimum \$50.00).

Cardholder Signature: _____ Date: _____

SHIPMENT INFORMATION

Carrier Name (If not using ConsultExpo): _____ Carrier Contact Name: _____
 Carrier Contact Tel: _____ Carrier Contact Email: _____
 Pick-up Date: _____ Hours of Operation: _____
 Delivery Date: _____ Delivery Time: _____

# of Pieces	Type of Pieces (Box / Crate / Skids, etc.)	Length (Inches) X Width (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 Expedited Ground / Truck

Additional Services Required: Lift Gate Inside Pick Up / Delivery Special Service (Please Specify) Check to Decline Cargo Insurance (see below)

Cargo Insurance / Declared Value
 Unless declined, cargo insurance will apply at the rate of \$1.25 per \$100.00 in value (min \$125) per shipment with a \$1000 deductible applicable / maximum liability limit is \$250,000CAD. Coverage is limited to the portion of the shipment lost or damaged. Subject to the terms and conditions of liability for loss/damage, stated below. Should you opt to decline cargo insurance through ConsultExpo, this shipment will only be covered under basic carrier liability, directly with the carrier. In this case 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.

Terms and conditions
 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.

Signature: _____
 Name: _____
 Title: _____
 Date: _____

ACCEPTED BY CONSULTTEXPO

Signature: _____
 Name: _____
 Title: _____
 Date: _____



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):

- Customs Clearance and Shipping Services, Custom Clearance Only, Shipping Only

SHIPPER INFO (SHIPPING FROM)
Company Name: "EXHIBITING COMPANY NAME"
IRS# 12-3456786
Address: 123 SESAME STREET
City: LANGHORNE State/Prov: PA Zip/Post: 19047
Contact Name: MARY PARKER Tel: 709-888-0970
Email: MPARKER@EMAIL.COM Fax: 709-888-7788

DELIVERY INFO (GOING TO)
Company Name: "EXHIBITING COMPANY" Booth# 1232
Venue Name: EVENT FACILITY NAME
Address: 123 CONVENTION CENTER WAY
City: MONTREAL State/Prov: QC Zip/Post: H1X 1X1
On-site Contact Name: MARY PARKER Cell: 555-222-6655
Email: MPARKER@EMAIL.COM

RETURN SHIPPING INFORMATION SAME AS SHIPPER
Company Name: "EXHIBITING COMPANY NAME"
IRS# 12-3456786
Address: 123 SESAME STREET
City: LANGHORNE State/Prov: PA Zip/Post: 19047
Contact Name: MARY PARKER Tel: 709-888-0970
Email: MPARKER@EMAIL.COM Fax: 709-888-7788

INVOICING INFORMATION SAME AS SHIPPER
Company Name: "EXHIBITING COMPANY NAME"
IRS# 12-3456786
Address: 123 SESAME STREET
City: LANGHORNE State/Prov: PA Zip/Post: 19047
Contact Name: MARY PARKER Tel: 709-888-0970
Email: MPARKER@EMAIL.COM Fax: 709-888-7788

TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)
Charge to: VISA
Cardholder Name: MARY PARKER Title: YOUR TITLE
Credit Card Number: XXXX XXXX XXXX XXXX CVV: xxx Expiry Date: MM/DD
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% surcharge (minimum \$50.00).
Cardholder Signature: Date:

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

Table with 10 columns: # of Pieces, Type of Pieces, Length (Inches) X Width (Inches) X Height (Inches), @ Weight (LBS) Each, Per Piece (LBS), Total (LBS). Includes 5 cases and a Total Pieces/Weight summary row.

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.

Terms and conditions
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.
Signature:
Name: MARY PARKER
Title: PRESIDENT
Date: 08/15/2022

ACCEPTED BY CONSULTEXPO
Signature:
Name:
Title:
Date:



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

PROTECTED / PROTÉGÉ **B** when completed / une fois rempli

Page of de

1. Vendor (name and address) - Vendeur (nom et adresse)	2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada
4. Consignee (name and address) - Destinataire (nom et adresse)	3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada	5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) **FOR CUSTOMS CLEARANCE CONTACT: CONSULTEXPO - EMAIL: INFO@CONSULTEXPOINC.COM FAX: 888-629-9008 - TEL: 514-482-8886**
	6. Country of transshipment - Pays de transbordement N/A
	7. Country of origin of goods Pays d'origine des marchandises
	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
	9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.) NO SALE INVOLVED
	10. Currency of settlement - Devises du paiement

11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente	
			14. Unit price Prix unitaire	15. Total

18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>	16. Total weight - Poids total	17. Invoice total Total de la facture
	Net	Gross - Brut

19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)	20. Originator (name and address) - Expéditeur d'origine (nom et adresse)
---	---

21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)	22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>
--	--

23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada _____	24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada _____	25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>
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Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

1. Vendor (name and address) - Vendeur (nom et adresse) "EXHIBITING COMPANY NAME" 123 SESAME STREET LANGHORNE, PA 19047 USA		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 n° de commande de l'acheteur)		
4. Consignee (name and address) - Destinataire (nom et adresse) "EXHIBITING COMPANY NAME" C/O INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022 EVENT FACILITY NAME 123 CONVENTION CENTER WAY MONTREAL, QC H1X 1X1		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) N/A		
8. Transportation: Give mode and place of direct shipment to Canada Transport: Précisez mode et point d'expédition directe vers le Canada ConsultExpo Logistics INC, CHICAGO, IL		6. Country of transshipment - Pays de transbordement N/A		
9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.) NO SALE INVOLVED		7. Country of origin of goods Pays d'origine des marchandises USA / CHINA		
10. Currency of settlement - Devises du paiement USD		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.		
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente	
			14. Unit price Prix unitaire	15. Total
5	PLASTIC CRATES CONTAINING BOOTH STRUCTURE - MADE IN USA LITERATURE - MADE IN USA KEYCHAINS - MADE IN CHINA	5 1000 50	\$1,000.00 \$0.10 \$0.50	\$5,000.00 \$100.00 \$25.00
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total Net <input type="checkbox"/> Gross - Brut 500		
17. Invoice total Total de la facture \$5,125.00		19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		
20. Originator (name and address) - Expéditeur d'origine (nom et adresse) "EXHIBITING COMPANY NAME" 123 SESAME STREET LANGHORNE, 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 zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>		23. If included in field 17 indicate amount Si compris dans le total à la zone 17, précisez :		
(i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection, d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez :		
(i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour achat (iii) Export packing Le coût de l'emballage d'exportation		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>		

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