



Logistics



GES Logistic Services

GES is proud to offer our clients a one source solution for Customs and Transportation services

Your Choice of Reliable Service Options

- Time Critical Ground
- Expedited Ground
- 3 - 5 Day Deferred
- Common Carrier

24-Hour Tracking

Call toll free 1-877-437-4247 for immediate information on the status of your shipment

On-Site Representation

GES Logistics representatives will be on site from the beginning of move-in and throughout the event until the last shipment leaves the show floor

Competitive Pricing

You will benefit from priority delivery at competitive prices thanks to special arrangements we have with select carriers

Simplified Budgeting

Our transportation management system gives you the information you need to budget more effectively

Simplified Ordering

To learn more, connect with the GES Logistics team at:

- Online: www.ges.com/ca
- Email: torontocl@ges.com
- Phone: 905.283.0500 or Toll-Free 1.877.437.4247

Ship everywhere with GES Logistics Services.



Priority On The Floor... MEANS GES LOGISTICS

It's (almost) show time! Are you ready?

GES offers many products and services to help you achieve the results you are looking for.
Have you considered...

GES Logistics Services ***Local, Regional, International***

-  **Transportation**
-  **Tracking & Tracing**
-  **Warehousing**
-  **Exhibit Management**

Let GES Logistics handle the details.

We smoothly navigate the many challenges of event management from shipping to tracking to warehousing and more.

Our **GES Logistics** team offers you **one-stop shopping for all your tradeshow and event needs.**

Transportation management you can rely on.

With GES Logistics, you have a variety of shipping options:

- Common Carrier
- LTL trucking to handle national, regional and local shipping
- Full truck load for economy
- Air, 3 - 5 day service

Want to learn more?

- Online: www.ges.com/ca
- Email: torontocl@ges.com
- Phone: 905.283.0500 or Toll-Free 1.877.437.4247



SHIPPING ORDER FORM

5675 McLaughlin Road, Mississauga, Ontario, L5R 3K5 Tel: 905.283.0500 Toll Free: 1.877.437.4247
torontocl@ges.com www.ges.com/ca

Section 1: Customer Information

Pick-Up	COMPANY NAME: _____ DATE: _____ TIME (4hr window): _____
	ADDRESS: _____ CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____
	CONTACT: _____ PHONE: _____ E-MAIL: _____
	PICK-UP AT: <input type="checkbox"/> Loading Dock <input type="checkbox"/> Reception Area <input type="checkbox"/> Residential Address Tailgate Required?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please Note: All shipments will be delivered and stored at the GES Advance Warehouse prior to delivery at the event venue.

Delivery	BOOTH NAME: _____ BOOTH #: _____ DATE: _____ TIME (4hr window): _____
	VENUE NAME: Scotiabank Convention Centre - Halls A, B & C EVENT NAME: Canadian Greenhouse Conference 2018
	ADDRESS: 6815 Stanley Ave. CITY: Niagara Falls PROV/STATE: Ontario POSTAL/ZIP: L2G 3Y9
	ON-SITE CONTACT: _____ PHONE: _____

Return address is same as Pick-Up address. Return service is not required.

Return	COMPANY NAME: _____ DATE: _____ TIME (4hr window): _____
	ADDRESS: _____ CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____
	CONTACT: _____ PHONE: _____ E-MAIL: _____
	RETURN TO: <input type="checkbox"/> Loading Dock <input type="checkbox"/> Reception Area <input type="checkbox"/> Residential Address Tailgate Required?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: Shipment Information

*** Charges will be based on actual weight & dimensions***

NUMBER OF PIECES:	DIMENSIONS:			ESTIMATED WEIGHT:
_____ CARTONS/BOXES	L _____ x	W _____ x	H _____	_____
_____ PLASTIC CASES	L _____ x	W _____ x	H _____	_____
_____ CRATES (WOODEN)	L _____ x	W _____ x	H _____	_____
_____ SKIDS/PALLETS	L _____ x	W _____ x	H _____	_____
_____ OTHER:	L _____ x	W _____ x	H _____	_____
_____ TOTAL PIECES	TOTAL WEIGHT:			_____

Section 3: Billing & Payment Information

COMPANY: _____	I hereby authorize use of the following credit card for payment of services relative to this order form. <input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> EXPIRY DATE: ____/____/____ CVV: _____ CARDHOLDER NAME: _____ CARDHOLDER SIGNATURE: _____										
ADDRESS: _____											
CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____											
CONTACT NAME: _____											
E-MAIL: _____ PHONE: _____											

HST #: 104060264RT001

Terms & Conditions

GES assumes no responsibility for shipments left in booth by the exhibitor. All materials are subject to final count and correction at time of actual removal from booth. Shipper hereby designates GES as its agent for tendering shipments to carrier. GES reserves the right to reroute any outgoing shipment via an alternate carrier in the event the requested carrier fails to pick up the shipment by established carrier check-in deadline. GES assumes no responsibility for misdirected shipments as a result of old shipping labels which remain on containers. It is the shipper's responsibility to state the national motor freight classification commodity description, otherwise shipment shall be described as exhibition materials.

1) GES shall not be responsible for damage to uncrated materials, materials improperly packed, or concealed damage. 2) GES shall not be responsible for loss, theft, or disappearance of exhibitor's material after same has been delivered to the exhibitor's booth. 3) GES shall not be responsible for loss, theft, or disappearance of materials before they are picked up from exhibitor's booth for reloading after the show. Bill of Lading covering outgoing shipments, which are furnished by GES to exhibitors, will be checked at time of actual pick-up from booth and corrections made where discrepancies occur. 4) GES shall not be responsible for any loose, damage, or delay due to fire, acts of God, strikes, lockouts or work stoppages of any kind, or to any causes beyond its control. 5) GES's liability shall be limited to the physical loss or damage to the specific article which is lost or damaged, and in any event GES's maximum liability shall be limited to \$0.30 per pound per article with a maximum liability of \$50.00 per item, or \$1,000.00 per shipment, whichever is less. 6) GES shall not be liable to any extent whatsoever for any actual, potential, or assumed losses of profits or revenues, or for any collateral costs, which may result from any loss or damage to an exhibitor's materials which may make it impossible or impractical to exhibit same. 7) The consignment or delivery of a shipment to GES by an exhibitor, or by any shipper to or on behalf of the exhibitor, shall be construed as an acceptance by such exhibitor (and/or other shipper) of the terms and conditions set forth. Exhibitor is responsible to declare all hazardous materials and abide by all federal, state and local laws.

I have read and understand the Terms & Conditions of my Agreement with GES.

Signature

Date



ADVANCE WAREHOUSE ORDER FORM

5675 McLaughlin Road, Mississauga, Ontario, L5R 3K5 Tel: 905.283.0500 Toll Free: 1.877.437.4247
torontocl@ges.com www.ges.com/ca

GES Advance Warehouse Location: c/o YRC 6130 Netherhart Rd., Mississauga, ON L5T 1B7
Warehouse Hours: Monday - Friday, 9:00am - 4:00pm

Section 1: Customer Information

COMPANY NAME: _____

ADDRESS: _____ CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____

CONTACT: _____ PHONE: _____ E-MAIL: _____

Advance Warehouse service includes receiving, *storage and priority delivery to show site* at a rate of **\$50.50 per 100lbs. (minimum 300lbs.)**

Fees for material handling service (dock-to-booth/booth-to-dock) and outbound shipping will be billed separately. Your carrier must pick up your materials directly from show site at conclusion of the event.

Section 2: Event/Delivery Information

BOOTH NAME: _____ BOOTH #: _____ DATE: _____

VENUE NAME: **Scotiabank Convention Centre - Halls A, B & C** EVENT NAME: **Canadian Greenhouse Conference 2018**

ADDRESS: **6815 Stanley Ave.** CITY: **Niagara Falls** PROV/STATE: **Ontario** POSTAL/ZIP: **L2G 3Y9**

ON-SITE CONTACT: _____ PHONE: _____

Section 3: Shipment Information

*** Charges will be based on actual weight & dimensions***

NUMBER OF PIECES		ESTIMATED WEIGHT
_____	CARTONS/BOXES	_____
_____	PLASTIC CASES	_____
_____	CRATES (WOODEN)	_____
_____	SKIDS/PALLETS	_____
_____	OTHER:	_____
_____	TOTAL PIECES	TOTAL WEIGHT: _____

Final Billing Information
Charges will be based on actual weight & dimensions.

Section 4: Billing & Payment Information

COMPANY: _____

ADDRESS: _____

CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____

CONTACT NAME: _____

E-MAIL: _____ PHONE: _____

I hereby authorize use of the following credit card for payment of services relative to this order form.

MASTER CARD VISA AMEX

_____|_____|_____|_____|_____|_____|_____|_____|

EXPIRY DATE: ____/____ CVV: _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

Terms & Conditions

HST #: 104060264RT001

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I have read and understand the Terms & Conditions of my Agreement with GES.

Signature

Date

ADVANCE WAREHOUSE SHIPPING LABEL

Canadian Greenhouse Conference 2018

EXHIBIT SHIPMENT FOR ADVANCE WAREHOUSE

SHIPPER: _____
(Name of Company where shipment originates.)

TO: _____
(Name of your exhibiting Company at the show.)

BOOTH NUMBER: _____
(Your booth number at the show.)

C/O: **GES / Canadian Greenhouse Conference 2018**
6130 Netherhart Rd.
Mississauga, Ontario, Canada
L5T 1B7

CARRIER: _____
(Name of your Transportation Company)

NUMBER **OF** **PIECES**

ADVANCE SHIPMENTS TO WAREHOUSE MUST BE RECEIVED:

August 29 - September 24, 2018 9:00am - 4:00pm

DIRECT TO SHOW SITE SHIPPING LABEL

Canadian Greenhouse Conference 2018

EXHIBIT SHIPMENT FOR DIRECT TO SHOWSITE

SHIPPER: _____
(Name of Company where shipment originates.)

TO: _____
(Name of your exhibiting Company at the show.)

BOOTH NUMBER: _____
(Your booth number at the show.)

C/O: GES / Canadian Greenhouse Conference 2018
Scotiabank Convention Centre - Halls A, B, C
6815 Stanley Ave.
Niagara Falls, Ontario, Canada
L2G 3Y9

CARRIER: _____
(Name of your Transportation Company)

NUMBER **OF** **PIECES**

DIRECT SHIPMENTS TO SHOWSITE TO ARRIVE ON:

October 2, 2018 8:00am - 6:00pm



customs



GES Customs Services*

GES is proud to offer our clients a one source solution for Customs and Transportation services

Reliable and Efficient Service

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

Value Added Service

- Save time and money by making fewer calls

Personalized Service

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

On-Site Representation

- GES Customs Services* representatives will be in-site from the beginning of move-in, throughout the event and until the last shipment leaves the trade show floor.

Simplified Ordering

To learn more, connect with the GES Customs team at:

- Online: www.ges.com/ca
- Email: torontocl@ges.com
- Phone: 905.283.0500 or Toll-Free 1.877.437.4247

** Customs Brokerage services provided by North American Logistics Services Inc.*



CUSTOMS ORDER FORM

5675 McLaughlin Road, Mississauga, Ontario, L5R 3K5 Tel: 905.283.0500 Toll Free: 1.877.437.4247
torontocl@ges.com www.ges.com/ca

Please accept this completed form as authorization for GES to provide customs clearance services.*
This completed form must be submitted to GES with a commercial invoice.

Section 1: Customer Information

COMPANY NAME: _____			
ADDRESS: _____	CITY: _____	PROV/STATE: _____	POSTAL/ZIP: _____
CONTACT: _____	PHONE: _____	E-MAIL: _____	

Section 2: Shipment Information

BOOTH NAME: _____		BOOTH #: _____	
VENUE NAME: Scotiabank Convention Centre - Halls A, B & C		EVENT NAME: Canadian Greenhouse Conference 2018	
SHIPMENT DATE: _____	SHIPPING FROM (CITY): _____	# CARTONS/CRATES/ETC: _____	
CARRIER NAME: <input type="checkbox"/> GES <input type="checkbox"/> OTHER: _____	ESTIMATED TOTAL WEIGHT: _____		<input type="checkbox"/> LBS. <input type="checkbox"/> KGS.
ON-SITE CONTACT: _____	PHONE: _____	E-MAIL: _____	

Section 3: Return Shipment Consignment Information

COMPANY NAME: _____	U.S. TAX # / EIN: _____
CARRIER NAME: <input type="checkbox"/> GES <input type="checkbox"/> OTHER: _____	
DELIVERY ADDRESS: _____	CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____
CONTACT NAME: _____	PHONE: _____ E-MAIL: _____

Section 4: Billing & Payment Information

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ADDRESS: _____											
CITY: _____ PROV/STATE: _____ POSTAL/ZIP: _____											
CONTACT NAME: _____											
E-MAIL: _____ PHONE: _____											

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NORTH AMERICAN LOGISTICS SERVICES INC.

*Customs Brokerage services provided by North American Logistics Services Inc.

I have read and understand the Terms & Conditions of my Agreement with GES.

Signature

Date

CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

<p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p> <p>ABC MACHINE COMPANY 100-5TH AVENUE NEW YORK, NY 10012-1010</p>	<p>2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada MARCH 3, 2001</p> <p>3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur) 31-2293941 (COMPANY IRS#)</p>
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<p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p> <p>ABC MACHINE COMPANY / BOOTH 210 INTERNATIONAL MACHINERY SHOW C/O METRO TORONTO CONVENTION CENTRE SOUTH BLDG 222 BREMNER BLVD TORONTO, ON M5V 2E6</p>	<p>5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) NO SALE INVOLVED</p> <p>6 Country of Transshipment / Pays de transbordement N/A</p> <p>7 Country of Origin of Goods Pays d'origine des marchandises U.S.A.</p> <p><small>If shipment includes goods of different origins enter origins against items in 12 Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12</small></p>
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<p>VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?</p> <p>YES <input type="checkbox"/> OUI NO <input type="checkbox"/> NON</p>	<p>9 Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)</p>
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<p>8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada</p> <p>GES LOGISTICS NEW YORK, NY</p>	<p>10 Currency of Settlement / Devises du paiement USD</p>
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11. No. of Pkgs. Nbre. de colis	12 Specification of Commodities (Kind of Packages) Marks and Numbers, General Description and Characteristics i.e. Grade Quality Designation des articles (Nature des colis, marques et numeros, description generale et caracteristiques. P. Ex. Classe, qualite)	13 Quantity (State Unit) Quantite (Préciser l'unité)	Relacement Value Valeur de Remplacement	
			14 Unit Price Prix Unitaire	15 Total
3 PCS	WOODEN CRATES-COMPUTERS (CERTIFICATE OF REGISTRATION ATTACHED)	3	\$1,000.00	\$3,000.00
1 PC	CRATE-COMPUTER MONITOR (CERTIFICATE OF REGISTRATION ATTACHED)	1	\$ 500.00	\$ 500.00
1 PC	CARTON-ADVERTISING LITERATURE	1,000	\$ 0.10	\$ 100.00
1 PC	CARTON-PLASTIC KEY CHAINS / BOOKS	50	\$ 0.50	\$ 25.00

<p>XI.1 Total Number of Pieces / Nombre total de pieces 6</p>		
<p>18 <input type="checkbox"/> If any fields of 1 to 17 are included on an attached commercial invoice, check this box / Si les renseignements des zones 1 a 17 figurent sur la facture commerciale cocher cette case</p> <p>Commercial Invoice No. / No. De la facture commerciale</p>	<p>16. Total Weight / Poids total 1,500bs. <input checked="" type="checkbox"/>kgs.</p> <p>Net. Weight N/A</p>	<p>17. Invoice Total Total de la facture</p> <p>Gross Wt./ Brut 1,500 lbs</p>

<p>19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)</p>	<p>20 Originator (Name and Address) Expéditeur d'origine (Nome et adresse) ABC MACHINE COMPANY 100-5TH AVENUE NEW YORK, NY 10012-1010</p> <p>Contact: BILL SMITH</p> <p>Tel: 212-268-2140 Fax: 212-268-2511</p>
<p>21 Departmental Ruling (if applicable) Decision ministerielle (s'il y a lieu)</p> <p>N/A</p>	

CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

1 Vendor (Name and Address) / Vendeur (Nom et Adresse)		2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)	
4 Consignee (Name and Address) / Destinataire (Nom et Adresse)		5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire)			
		6 Country of Transshipment / 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 Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12	
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?		9 Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)			
YES <input type="checkbox"/> OUI		NO <input type="checkbox"/> NON			
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada		10 Currency of Settlement / Devises du paiement			
11. No. of Pkgs. Nbre. de colis	12 Specification of Commodities (Kind of Packages) Marks and Numbers, General Description and Characteristics i.e. Grade Quality Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)	13 Quantity (State Unit) Quantité (Préciser l'unité)	Relacement Value Valeur de Remplacement		
			14 Unit Price Prix Unitaire	15 Total	
XI.1 Total Number of Pieces / Nombre total de pièces					
18 <input type="checkbox"/> If any fields of 1 to 17 are included on an attached commercial invoice, check this box / Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case		16. Total Weight / Poids total <input type="checkbox"/> lbs. <input type="checkbox"/> kgs.		17. Invoice Total Total de la facture	
Commercial Invoice No. / No. De la facture commerciale		Net. Weight	Gross Wt./ 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 Departmental Ruling (if applicable) Decision ministérielle (s'il y a lieu)		Contact: Tel: Fax:			