

## Order Form

Customs and  
Transportation Services

**MENDELSSOHN**  
EVENT LOGISTICS

The original of this form must be completed to ensure Customs Clearance.  
Please accept this as your authority for Customs Clearance and / or Transportation Services.

We wish to use Mendelssohn Event Logistics services for: (please check one)

- Customs Clearance and Transportation (Shipment Order Form Required)     Customs Clearance Only     Transportation Only (Shipment Order Form Required)

### Section 1 Exhibitor and Shipment Information

Exhibitor / Company Name: ABC COMPANY

U.S. Tax # or U.S. IRS Identification: 12-3456789

Event Name: ISMRM

Facility Name: MELBOURNE CONV. CTR.    Event Date/s: MAY 5-11, 2012    Booth #: 123

Shipment Date: FEB. 1, 2012    From (City, State): CHICAGO, IL    Carrier Name: MENDELSSOHN

It Consists Of (# of Cartons, etc.): 1 40' CONTAINER    Weight: 10,000     lbs     kgs

Rep At The Event: JOE SMITH    E-Mail: JSMITH@ABCCOMPANY.COM    Cell Phone Number: 555-555-1234

Please do not ship via post or parcel courier  we will not be responsible for timely delivery

### Section 2 Return Shipment Consignment Information

Company Name: ABC COMPANY

Address: 123 ANY STREET

City: CHICAGO

Province / State: IL

Postal/Zip: 12345

Name: JOE SMITH

Tel: 555-555-2345

Fax: 555-555-3456

Ship Via:

Ocean Freight Service     Air Freight Service

### Section 3 Terms of Payment and Security Deposit (Must be completed)

Credit Card Information must be completed

Charge to:     Visa     MasterCard     American Express

Cardholder Name: JOE SMITH

Title: SALES MANAGER

Card Account Number: 123456789

Expiry Date: 04/14

Cardholder's Signature:

*Joe Smith*

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

Alternative methods of payment are bank wire transfer or pre-payment on credit card (Receipt 10 days prior to event).

\*\*NOTE: A 2% administrative fee (minimum \$25.00) will be charged for all credit card declines.

### Section 4 Invoicing/Statement Information

Company Name: ABC COMPANY

Address: 123 ANY STREET

City: CHICAGO

Province/State: IL

Postal/Zip: 12345

Name: JOE SMITH

Tel: 555-555-2345

Fax: 555-555-3456

This document was completed by (Please print full name): JOE SMITH

Title: SALES MANAGER

Date: JAN. 12, 2012

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(Shipment Order Form Required)

Customs Clearance Only

Transportation Only  
(Shipment Order Form Required)

### Section 1 Exhibitor and Shipment Information

Exhibitor / Company Name:

U.S. Tax # or U.S. IRS Identification:

Event Name: 2012 ISMRM ANNUAL MEETING & EXHIBITION

Facility Name: MELBOURNE CONV. CTR.

Event Date/s: MAY 5-11, 2012

Booth #:

Shipment Date:

From (City, State):

Carrier Name:

It Consists Of (# of Cartons, etc.):

Weight:  lbs  kgs

Rep At The Event:

E-Mail:

Cell Phone Number:

Please do not ship via post or parcel courier – we will not be responsible for timely delivery

### Section 2 Return Shipment Consignment Information

Company Name:

Address:

City:

Province / State:

Postal/Zip:

Name:

Tel:

Fax:

Ship Via:

Ocean Freight Service  Air Freight Service

### Section 3 Terms of Payment and Security Deposit (Must be completed)

Credit Card Information must be completed

Charge to:  Visa  MasterCard  American Express

Cardholder Name:

Title:

Card Account Number:

Expiry Date:

Cardholder's Signature: \_\_\_\_\_

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### Section 4 Invoicing/Statement Information

Company Name:

Address:

City:

Province/State:

Postal/Zip:

Name:

Tel:

Fax:

This document was completed by (Please print full name):

Title:

Date: