

Alimentaria '24 March 18th – 21st, Fira Barcelona, Gran Via USA Shipping Instructions

Alimentaria

Exhibitors,

DME Expo Logistics has been appointed by B-FOR as the official US shipping & handling agent for Alimentaria '24 being held at the Fira Barcelona, Gran Via. Outlined below are the shipping instructions for this event. Please follow them carefully and contact us with any questions. We will make sure your exhibits and show materials make it <u>directly to your booth safely and on time for the show.</u>

We will have a team of our expert agents on the floor to help and assist in any logistics requirements you have during build up, show dates, and breakdown.

CONTACTS

USA Contact:

Daniel DiMangano, DME Expo Logistics Tel: +1 (702) 201-1918 Ext 402 Email: dan@dmeexpologistics.com

USA Contact:

Ryan Eagen, DME Expo Logistics Tel: +1 (702) 201-1918 Ext 409 Email: ryan@dmeexpologistics.com

USA CUT OFF DATES (General Cargo & Exhibits)

Air Freight Shipments:

Latest USA Collection Date: February 27th
Documentation Deadline: February 27th
"We must collect from your facility by this

Ve must collect from your facility by this date to export your cargo air freight"

Ocean Freight Shipments:

Latest USA Collection Date: January 30th
Documentation Deadline: January 30th
"We must collect from your facility by this date to export your cargo ocean freight"

USA CUT OFF DATES (Perishables)

Air Freight Shipments:

Latest USA Collection Date: Please call Documentation Deadline: Please call "We must collect from your facility by this date to export your cargo air freight"



DOCUMENTS NEEDED

<u>Commercial Invoice/Packing Slip</u>: This document is required so we can properly export the US and clear customs in the destination country. Descriptions, quantities, and values should be accurate. Please talk to your DME Expo Logistics rep to help fill this out.

<u>On/Site Return Shippers Form</u>: This document is required so we know who will be at the booth to accept the shipment, be responsible for it during the show, repack, and where you want the shipment transferred or returned to.

<u>Method of Payment Form</u>: This document is required by all new exhibitors for payment of show logistics and on-site services to include booth deliveries and storage during the show. This form must be completed.

<u>Phytosanitary Certificate</u>: For shipments <u>containing fresh fruits</u>, <u>vegetables</u>, <u>flowers or plants</u>, special handling, and documentation (phytosanitary certificate) is required from country of origin.

<u>Veterinary Certificate</u>: For Shipments <u>containing animal origin products</u> special handling and documentation (veterinary certificate) is required from country of origin.

PACKING INSTRUCTIONS

All materials should be packed to tradeshow and event standards. This includes crates, pallets, and flight cases. Your shipment will be handled multiple times from your door to your stand and back and it is important it is packed securely. DME Expo Logistics recommends heavy duty wood crates or flight cases to protect your exhibits. Pallets are acceptable and should be packed securely with wrap and metal or plastic banding.

All wood materials should be HT treated or fumigated for international travel.

If you need help getting tradeshow crates built, please contact your DME Expo Logistics rep and we can make arrangement to have your exhibits crated.

LABELING INSTRUCTIONS

All crates, cases, cartons, Exhibitor Name:	boxes, and pallets should be clearly labeled as follows:
EXHIBITOT NATHE.	
Ship To: /	Alimentaria '24
· .	Fiera Gran Via
	•
· ·	Barcelona, Spain
Hall & Stand:	
rian a Staria.	
Notify: [DME Expo Logistics
	Tel· +1 (702) 201-1918
	101. 11 (102) 201-1310
Pc Count:	of
Hall & Stand: _ Notify: _	Fiera Gran Via 08908 L'Hospitalet de Llobregat Barcelona, Spain DME Expo Logistics Tel: +1 (702) 201-1918



ITAR & LICENSING

Exhibitors/shippers are responsible to declare all items shipped that require US State Department ITAR licensing or US Department of Commerce licensing. If you plan on sending items that require a license, please contact a DME Expo Logistics representative right away to discuss and plan accordingly. The below links can be used as information resources:

https://www.trade.gov/us-export-licenses-navigating-issues-and-resources

https://www.pmddtc.state.gov/ddtc_public?id=ddtc_kb_article_page&sys_id=%20a1d2f652dbb4130044f9ff621f961916

SPECIAL HANDLING - INCLUDING TEMP CONTROLLED OR FOOD

Any items outlined below will need special handling. Let your DME Expo Logistics representative know if you plan on shipping any of these items in advance: Food items, temp-controlled items, beverages, batteries (including laptops), weapons (live & inert), perfumes/cosmetics, alcohol, cleaning supplies, medicine & medical supplies, etc, etc.



EXHIBITOR/SHIPPER ON-SITE INSTRUCTIONS

Show Name		
Show Dates		
Exhibitor/Shipper Name		
Exhibiting Entity/Company Name		
· ·	ompany name on the booth. If different from the shipper)	
Hall & Booth Number		
Degreeted Delivery Date 9 Time	1	
Requested Delivery Date & Time		
*Special Requests		
•	pment, Crane, Labor, Packing Supplies, Etc, Etc, Etc)	
	, , , , , , , , , , , , , , , , , , , ,	
EXHIBITOR/SHIPPER CONTACT INFORMATION		
Name of Rep at the Booth		
Cell Number of Rep at the Booth		
Email Address of Rep at the Booth		
EXHIBITOR/SHIPPER RETURN INSTRUCTIONS		
Return Address/Transfer to Address		
Return Contact/Attention to		
***D-1-N-1-D-1		
***Date Need Returned by		
Name & Sign (Eyhihitor/Shinner)	1	

^{*} Special requests should be booked in advance and are not included in a standard "delivery to booth" quote, additional charges could apply. ** Accessible storage is defined as crates/cases/cartons you will need access to <u>DURING</u> the show. The rates are higher than regular empties storage and not available on all shows. *** Generally regular air returns require 10-15 business days to deliver after the show has closed. Ocean shipment returns vary greatly based on region and type, generally 4-7 weeks to return. Anything needed sooner based on your requirements will be defined as a rush and the rates will reflect that.



Credit Card Authorization Form/Method of Payment Form

DME Expo Logistics requires a credit card on file for all new customers. This card is held on file to secure services. You can choose to pay by check or wire transfer in leu of a credit card. However, DME Expo Logistics reserves the right to charge the credit card for any unpaid balance beyond 30 days. Payments via credit card will be charged a 3.75% service fee for each transaction.

Company Address: Bill To/Accounting Name: Phone & Email Address:	Credit Card Information				
Card Number: Expiration Date (mm/yy): Card Holder Address: City, State, Zip: Cardholder ZIP Code (from credit card billing address): Please Complete One of The Below Statements I	Card Type: ☐ MasterCard ☐ VISA				
Card Number: Expiration Date (mm/yy): Card Holder Address: City, State, Zip: Cardholder ZIP Code (from credit card billing address): Please Complete One of The Below Statements Iauthorize DME Expo Logistics to charge my credit card above for services agreed upon. I understand that my information will be saved on file for future transactions on my account. I also understand there will be a 3.5% service fee for each transaction on the card. Iauthorize DME Expo Logistics to hold my credit card above on file to secure services agreed upon. I elect to pay via: (Check One)	Company Name:				
Expiration Date (mm/yy): Card Holder Address: City, State, Zip: Cardholder ZIP Code (from credit card billing address): Please Complete One of The Below Statements I, authorize DME Expo Logistics to charge my credit card above for sen/cossagreed upon. I understand that my information will be saved on file for future transactions on my account. I also understand there will be a 3.5% service fee for each transaction on the card. I, authorize DME Expo Logistics to hold my credit card above on file to secure sen/cossagreed upon. I elect to pay via: (Check One) Wire/Bank Transfer Company Check Instructions Beneficiary Information: DME Expo Logistics, Account Number: 7078734113 Address: 2670 Chandler Ave #1 Las Vegas, NV 89120 Beneficiary Bank: Bank Name: Navy Federal Credit Union Routing Number: 256074974 Address: Navy Federal Credit Union Attn: Funds Disbursement Section, 820 Follin Lane SE, Vienna, VA 22180 Please Provide Your Billing & Accounting Information: Company Address: Bill To/Accounting Name: Phone & Email Address:	Cardholder Name (as shown on card):				
Card Holder Address: City, State, Zip: Cardholder ZIP Code (from credit card billing address): Please Complete One of The Below Statements authorize DME Expo Logistics to charge my credit card above for sewices agreed upon. I understand that my information will be saved on file for future transactions on my account. I also understand there will be a 3.5% service fee for each transaction on the card. I,	Card Number:				
City, State, Zip: Cardholder ZIP Code (from credit card billing address): Please Complete One of The Below Statements I, authorize DME Expo Logistics to charge my credit card above for services agreed upon. I understand that my information will be saved on file for future transactions on my account. I also understand there will be a 3.5% service fee for each transaction on the card. I, authorize DME Expo Logistics to hold my credit card above on file to secure services agreed upon. I elect to pay via: (Check One)	Expiration Date (mm/yy):				
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I,	Cardholder ZIP Code (from credit card billing address):				
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Beneficiary Information: DME Expo Logistics, Account Number: 7078734113 Address: 2670 Chandler Ave #1 Las Vegas, NV 89120 Beneficiary Bank: Bank Name: Navy Federal Credit Union Routing Number: 256074974 Address: Navy Federal Credit Union Attn: Funds Disbursement Section, 820 Follin Lane SE, Vienna, VA 22180 Please Provide Your Billing & Accounting Information: Company Name: Company Address: Bill To/Accounting Name: Phone & Email Address:	services agreed upon. I understand that my information will be saved on file for future transactions on my account. I also understand there will be a 3.5% service fee for each transaction on the card. I, authorize DME Expo Logistics to hold my credit card above on file				
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Company Address: Bill To/Accounting Name: Phone & Email Address:	Please Provide Your Billing & Accounting Information:				
Bill To/Accounting Name: Phone & Email Address:	Company Name:				
Phone & Email Address:	Company Address:				
	Bill To/Accounting Name:				
Name Printed: Signed: Date:	Phone & Email Address:				
	Name Printed: S	igned: Date:			