

WTM Latin America '24
April 14th – 16th
Expo Center Norte, Brazil
USA Shipping Instructions



Exhibitors,

DME Expo Logistics has been appointed by B-FOR as the official US shipping & handling agent for WTM Latin America '25 being held at the Expo Center Norte in Sao Paulo. 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 directly to your booth safely and on time for the show.

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

<u>USA Contact:</u> Daniel DiMangano, DME Expo Logistics Tel: +1 (702) 201-1918 Ext 402 Email: dan@dmeexpologistics.com	<u>USA Contact:</u> Ryan Eagen, DME Expo Logistics Tel: +1 (702) 201-1918 Ext 409 Email: ryan@dmeexpologistics.com
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USA CUT OFF DATES

<u>Air Freight Shipments:</u> Latest USA Collection Date: March 18th Documentation Deadline: March 18th <i>"We must collect from your facility by this date to export your cargo air freight"</i>	<u>Ocean Freight Shipments:</u> Latest USA Collection Date: Call Documentation Deadline: Call <i>"We must collect from your facility by this date to export your cargo ocean freight"</i>
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DOCUMENTS NEEDED

Commercial Invoice/Packing Slip: 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.

On/Site Return Shippers Form: 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.

Method of Payment Form: 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.

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.
For help with custom crating please contact your DME Expo Logistics rep.

LABELING INSTRUCTIONS

All crates, cases, cartons, boxes, and pallets should be clearly labeled as follows:

Exhibitor Name: _____
Ship To: **WTM Latin America '25**
Expo Center Norte
Rua José Bernardo Pinto 33 - Vila
Guilherme
São Paulo - SP, 02055-000, Brazil

Hall & Stand: _____

Notify: DME Expo Logistics
Tel: +1 (702) 201-1918

Pc Count: _____ of _____

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

Any items outlined below will need special handling. Please let your DME Expo Logistics representative know if you plan on shipping any of these items: Food items, beverages, **batteries (including laptops)**, weapons (live & inert), perfumes, cosmetics, alcohol, cleaning supplies, etc.

EXHIBITOR/SHIPPER ON-SITE INSTRUCTIONS

Show Name

Show Dates

Exhibitor/Shipper Name

Exhibiting Entity/Company Name

(The actual company name on the booth. If different from the shipper)

Hall & Booth Number

Requested Delivery Date & Time

*Special Requests

*(Special Equipment, 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

***Date Need Returned by

Name & Sign (Exhibitor/Shipper)

***Special requests should be booked in advanced 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 DURING 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.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ AMERICAN EXPRESS
Company Name:
Cardholder Name (as shown on card):
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, _____ 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 3.75% 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) ☐ **Wire/Bank Transfer** ☐ **Company Check**

<u>Wire/Bank Transfer Instructions</u> Acct Name: DiMangano Management Enterprise LLC, DBA DME Expo Logistics 2670 Chandler Ave Unit # 1 Las Vegas, NV 89102 Bank Details: JPMorgan Chase Bank, N.A 383 Madison Ave, New York, NY ACH Routing: 322271627 Wire Routing: 021000021 Swift: CHASUS33 Account: 603858161	<u>Company Check Instructions</u> Payable To: DME Expo Logistics Mailed To: Address: 2670 Chandler Ave #1 Las Vegas, NV 89120 Attn: Accounting Department
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Please Provide Your Billing & Accounting Information:

Company Name:		
Company Address:		
Bill To/Accounting Name:		
Phone & Email Address:		
Name Printed:	Signed:	Date: