Proforma Invoice / Packing List

NAME OF SHIPPER/EXHIBITOR: _____

NAME OF MANUFACTUER: _____

STAND NUMBER: _____

HALL NO: _____

VIA: _____

INVOICE NO. _____

TELEPHONE _____

FAX: _____

ULTIMATE CONSIGNEE: **Boston Convention & Exhibition Center**
415 Summer Street
Boston, MA 02127

NOMINAL CONSIGNEE / NOA:
TWI Import Services
For Natural Products 2009
(EXHIBITOR NAME)

REMARKS (" **X** " each item)
A: TEMPORARY IMPORT
B. PERMANENT IMPORT

CASE	DIMENSIONS (CM)			CBM	GROSS		Country of	Planned	FDA NO.		CIF VALUE (US$)		REMARKS		
NO.	L	W	H	(m^3)	KG	DESCRIPTION OF GOODS (IN ENGLISH)	Origin	HTS Number		QUANTITY	UNIT VALUE	TOTAL VALUE	A	B	

I hereby certify that I have knowledge of the facts pertaining to this shipment, and that this pro forma invoice is true and correct and that the values listed herein are based on actual purchase price or actual manufacturing cost.

Date: _____

Authorized Signature: _____

(To be signed in blue ink)

Signed on behalf of: _____

(Company Name)

Name in Block Letters: _____