

# Georgia Society of Oral and Maxillofacial Surgeons

## **2017 Mid-Winter Meeting**

**Maxillofacial Imaging Including  
the Role and Limitations of CBCT**

**Cross-Sectional Imaging of the Oral Cavity &  
Beyond: Practical Applications for the OMFS**

**Distinguishing the Benign from  
the Deadly: Oral Pathology Update**

**ACLS Update**

## **2017 Summer Meeting**

**The Prevention, Recognition, Management  
and Prognosis of Nerve Injuries**

**OMSNIC**

**Update on Opioids and Safe  
Prescribing Habits for the OMFS**

# Exhibitor Prospectus

**Druid Hills Golf Club  
Ritz Carlton, Lake Oconee**

**Atlanta, GA  
Greensboro, GA**

**Feb. 18, 2017  
Aug. 11-13, 2017**

# Greetings from the President

Jeffrey Prinsell, DMD, MD  
President

Alfred Pesto, Jr. DMD  
Vice-President

Manuel Davila, DMD  
Treasurer

Amy Kuhmichel, DMD  
Secretary

Glenn Maron, DDS  
Immediate Past President

J.W. (Hank) Holderfield  
Executive Director

On behalf of the membership of the Georgia Society of Oral and Maxillofacial Surgeons, we invite you to exhibit at our upcoming meetings in 2017. The Mid Winter Meeting will be held Feb. 18 at the Druid Hills Golf Club in Atlanta, GA. The Summer Meeting will be held August 11-13 at the Ritz Carlton Lake Oconee, Greensboro, GA.

Our exhibit space contracts are included in this prospectus. Space is limited, so we urge you to respond early. The brochure will be posted shortly on our website at [www.ga-oms.org](http://www.ga-oms.org).

We will be offering a discount on the exhibit fees if you contract with both meetings. Please consider this when making your annual plans.

For more information contact:

Corporate Support Coordinator: Vicki Bobo at [vbobo@pami.org](mailto:vbobo@pami.org)

OR Executive Assistant Melissa Connor, 770-271-0453 or [mconnor@pami.org](mailto:mconnor@pami.org)

Further information, including hotel rates and reservations for the summer meeting will be sent three months prior to August meeting.

Sincerely yours,

Jeffrey

Jeffrey Prinsell, DMD, MD  
GSOMS President



# Contract

GSOMS SUMMER MEETING  
August 11-13, 2017  
Ritz Carlton, Lake Oconee  
Greensboro, GA

One Exhibitor Table for Summer: \$1200

Two Exhibitor Tables for Summer: \$2,000

I'd like one table for Mid-Winter and one table for Summer: \$1600 (\$500 will be charged for Mid-Winter and \$1100 will be charged for Summer)

Includes 6 foot table(s) in the exhibit area for Saturday, two representatives in the exhibit area, a wastebasket, and electricity.

Pay By Check \_\_\_\_\_ Check number \_\_\_\_\_ OR

Pay By Credit Card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ Email: \_\_\_\_\_

PRODUCTS/SERVICES TO BE EXHIBITED: \_\_\_\_\_

NAMES FOR REGISTRATION BADGES AND EMAIL CONTACT:

1. \_\_\_\_\_  
Name Email

1. \_\_\_\_\_  
Name Email

The undersigned understands and agrees to the conditions and rules provided. Exhibitor agrees to make no claims against the Society nor its members, agents, or employees of the Breakers for loss, theft, damage, or destruction of goods, nor for any injury to himself or employees while in the exhibit area. Should any emergency arise prior to the opening of the exhibit that would prevent the exhibit from being held as planned, it is expressly understood and agreed that the Society will return any and all payments made by exhibitors. In the event of such cancellation for reasons beyond the control of the Society, the Georgia Society of Oral and Maxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Print signature: \_\_\_\_\_

Return the signed contract to our address with your check made payable to:  
GSOMS • 4850 Golden Parkway, Suite B-417 • Buford, Georgia 30518  
Phone 770-271-0453 • Fax 770.271.0634

**For immediate information contact, Vicki Bobo at [vbobo@pami.org](mailto:vbobo@pami.org).**

# Exhibition Rules

**EXHIBIT AREA:** Exhibits will be 6' draped table(s) with electricity. Other needed services may be obtained at the standard charge and will be arranged through the Society with the hotel, but will be billed to you.

**PAYMENT TERMS:** Space will not be confirmed without the signed contract. A signed contract guarantees GSOMS payment from the exhibitor. Any exhibitor who contracts for a table must pay the full rent for it even if they do not occupy it for the full time. If the exhibitor chooses not to attend at a later date, payment will not be refunded.

**CANCELLATION:** In case the facilities shall be destroyed by fire, or the elements, or by any other cause, or in case any other circumstances shall make it impossible for the Georgia Society of Oral and Maxillofacial Surgeons to permit the contracted space to be occupied by the exhibitor, this lease shall terminate and the exhibitor shall waive claim for damages or compensation except to request return of the amount paid for space less \$75.00 for the initial cost and promotion.

## SETUP/ BREAKDOWN HOURS:

Mid-Winter:

Saturday, Feb. 18	Set-up starting at 6:00 am
Saturday, Feb. 18	Breakdown starts at 2:00

Summer:

Friday, Aug. 12	3:00-5:00 pm
Saturday, Aug. 13	Set-up starts at 6:30 am
Sunday, Nov. 13	Breakdown starts at 12:30

## DISPLAY HOURS For Summer and Fall:

Mid-Winter:

Saturday	7:00 am - 2:00 pm
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Summer:

Saturday:	7:00 am - 12:30 pm
Sunday	7:00 am - 12:30 pm

**SECURITY:** A security guard will not be provided during the times not covered by the display hours. It is difficult to prevent pilferage of surgery instruments and other small items. We strongly urge you to take your own insurance against theft, or damage to, goods that you display. We regret that neither we, nor the property, can be responsible for loss of, or damage to, such items.

**EXHIBITOR PLANNED FUNCTIONS:** Exhibitors are requested not to plan functions for oral surgeon clients which conflict with scheduled society functions.

**DISPLAYS:** Displays must not project into or bother the traffic patterns, or interfere with or obstruct the view of adjoining booths.

**FIRE REGULATIONS:** No combustible decorations such as crepe paper, cardboard or corrugated paper shall be used at any time.

All packing containers, excelsior, wrapping paper, which must be flameproof, are to be removed from the floor and must not be stored under tables or behind displays. All muslin, velvet, silken or any other cloth decorations must withstand a flameproof test as prescribed by local fire ordinances. Gasoline, kerosene, acetylene or other flammable or explosive substances will not be permitted in the exhibit area. Exhibits must meet local fire code regulations.

**HOTEL PROPERTY:** The exhibitor must surrender his or her display space in the same condition, as it was when he/she occupied it. Nothing shall be posted on, tacked, nailed, screwed, or otherwise attached to columns, walls, floors, or other parts of the building or furniture. Application of promotional gummed stickers or labels is strictly prohibited. Anything in connection therewith necessary or proper for the protection of the building, equipment, or furniture will be at the expense of the exhibitor.

**NOISE AND ODORS:** No objectionable noise or odors will be permitted at any booth or exhibit. Audio visual equipment will be turned down to a conversational level so as not to disturb adjoining tables. No electrical flashing or neon signs may be used. Exhibitors will not use strolling entertainers or distribute samples or souvenirs except from their own tables. Personnel and mannequins will be dressed in good taste.

**MUSIC LICENSING:** The GSOMS will not be liable for music played as part of an exhibit under licensing rules of BMI or ASCAP.

**SUBLETTING OF SPACE:** The exhibitor shall not assign, sublet, or apportion the whole or any part of the space assigned or have representatives, equipment, or materials from firms other than its own in the exhibit space without written consent of the Society.

**ACCOMMODATIONS:** Exhibit personnel are responsible for arranging their own hotel accommodations. A block of rooms have been secured under GSOMS.

**LIABILITY AND INDEMNIFICATION:** The exhibitor is responsible for all damages to the exhibit premises and for any and all claims and demands on account of any injury or death or damage to property done in or about the premises used by the exhibitor, his or her employees, or agents and the exhibitor agrees to indemnify and hold harmless the Georgia Society of Oral and Maxillofacial Surgeons, their directors, officers, staff, and facility from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertaking and responsibilities of the exhibitor included that caused by or resulting from the negligence of the Georgia Society of Oral and Maxillofacial Surgeons, their directors, officers, staff and facility.

For further information, call Melissa Connor at the GSOMS office, 770-271-0453 or [mconnor@pami.org](mailto:mconnor@pami.org).

# 2017 GSOMS Mid-Winter Schedule

## Saturday, Feb. 18

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6:00 am - 7:00 am	Exhibitors Setup
7:00 am - 8:00 pm	Registration and Breakfast with Exhibitors
8:00 am - 10:00 am	<b><i>Maxillofacial Imaging Including the Role and Limitations of CBCT</i></b>  <b><i>Cross Sectional Imaging of the Oral Cavity &amp; Beyond: Practical Applications for the OMFS</i></b>  Ashley Aiken, MD Associate Professor of Radiology and Imaging Sciences Emory University Atlanta, GA
10:00 am - 10:30 am	Break with Exhibitors
10:30 am - 12:30 pm	<b><i>Distinguishing the Benign from the Deadly: Oral Pathology Update</i></b> <b>Susan Muller, DMD</b> Professor, Department of Pathology Department of Otolaryngology Head and Neck Surgery Winship Cancer Institute Atlanta, GA
12:30 - 2:00 pm	Lunch and Business Session
2:00 - 6:00 pm	<b><i>ACLS and BLS Update Course</i></b> Cindy White, RN, MSN, CCRN Health Education Consultants Atlanta, GA

# 2017 GSOMS Summer Schedule

## Friday, August 11

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3:00 - 5:00 pm	Exhibitor Set up
4:00 - 6:00 pm	Registration
6:00 - 7:00 pm	Welcome Reception (Exhibitors welcome)

## Saturday, August 12

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6:30 - 7:00 am	Exhibitor Setup
7:00 - 8:00 am	Registration and Breakfast with Exhibitors
8:00 am - 9:30 am	<b><i>The Prevention, Recognition, Management and Prognosis of Nerve Injuries</i></b> John Zuniga, DMD Professor and Robert V. Walker DDS Chair in Oral and Maxillofacial Surgery UT Southwestern Medical Center Dallas, TX
9:30 am - 10:00 am	Break with Exhibitors
10:00 am - 12:30 pm	<b><i>Session continues</i></b>
12:30 - 1:30 pm	Business Session
	Lunch and Dinner on Your Own

## Sunday, August 13

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7:00 - 8:00 am	Registration & Continental Breakfast with Exhibitors
8:00 - 9:30 am	<b><i>OMSNIC Update</i></b> Matt Coles
9:30 - 10:00 am	Break with Exhibitors
10:00 am - 11:30 pm	<b><i>Update on Opioids and Safe Prescribing Habits for the OMFS</i></b> Steven Lobel, MD
12:30 pm	Seminar ends

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

Name (as shown on your federal tax return)  
**Hank Holderfield**

Business name (if disregarded entity name, if different from above)  
**Georgia Society of Oral and Maxillofacial Surgeons**

Check appropriate box for federal tax classification:  
 Individual proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company (entity that is not classified as C-S corporation, S-S corporation, P-partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**4850 Golden Parkway Suite B-417**

City, state, and ZIP code  
**Buford, GA 30518**

List account number(s) (see instructions)

Exemptions (see instructions):  
 Foreign payee code (if any):  
 Exemption from FATCA reporting code (if any):

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For sole proprietors, this is your social security number (SSN). However, for a partnership, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, this is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer identification number  
**58 - 1305413**

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA check(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transaction, item 2 does not apply. For mortgage interest paid, insurance or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here    Signature of U.S. person ▶ **Hank Holderfield**    Date ▶ **12-09-2016**

**General Instructions**

General references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on RREG for information about Form W-9, at [www.irs.gov/REG](http://www.irs.gov/REG). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you. Assentments made to you in settlement of payment card and third party liability claims, sales, and return transactions, mortgage interest you paid, acquisition or abandonment of secured property, contributions to IRAs, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a nonresident alien) to provide your correct TIN to the person requesting it (the requester), and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that you are a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA check(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form. It is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, estate, trust, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to use a withholding tax on the section 1446(a) key foreign partners' share of effectively connected taxable income from such business, unless, in certain cases where Form W-9 has not been received, the rules under section 1446 require a partnership to determine that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.