

Georgia Society of Oral and Maxillofacial Surgeons

2018 Mid-Winter Meeting

**Management of Malignant Tumors of the
Hard Palate and Upper Alveolar Ridge**

Guy J. Petruzzelli, MD, PhD, MBA, FACS

**Changes in World Health Organization (WHO)
Classification of Oral, Head,
and Neck Pathology**

Kelly Magliocca, DDS

2018 Summer Meeting

**Anesthesia Update: Focusing on Nausea
& Vomiting, Malignant Hyperthermia,
Negative Pressure Pulmonary Edema,
Capnography and Allergy**

Edward C. Adlesic, DMD

**Patient Safety and Risk Management for
the Oral and Maxillofacial Surgeon**

OMSNIC

Exhibitor Prospectus

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

**Atlanta, GA
Greensboro, GA**

**Feb. 24, 2018
July 20-22, 2018**

Greetings from the President

Alfred Pesto, Jr. DMD
President

Manuel Davila, DMD
Vice-President

Amy Kuhmichel, DMD
Treasurer

Grant M. Hogan, DDS, MD
Secretary

Jeffrey Prinsell, DMD, MD
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 2018. The Mid Winter Meeting will be held Feb. 24 at the Druid Hills Golf Club in Atlanta, GA. The Summer Meeting will be held July 20-22 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.

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: Vickie Bobo at vbobo@pami.org

OR Associate Executive Director Melissa Connor, 770-271-0453 or 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,

Al

Alfred Pesto, Jr., DMD
GSOMS President

GSOMS SUMMER MEETING
July 20-22, 2018
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

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

PLEASE REGISTER YOUR COMPANY AND/OR MAKE YOUR EXHIBITOR RESERVATION ONLINE AT:

<https://www.123signup.com/register?id=hzkfj>

This option will allow you to pay by credit card and/or check.

If you cannot register online please contact:
Vickie Bobo, vbobo@pami.org or Melissa Connor, mconnor@pami.org.

PRODUCTS/SERVICES TO BE EXHIBITED: _____

NAMES FOR REGISTRATION BADGES AND EMAIL CONTACT:

1.		
	Name	Email

1.		
	Name	Email

By completing your online registration understand and agree to the conditions and rules provided. Exhibitor agrees to make no claims against the Society nor its members, agents, or employees of Druid Hills Golf Club 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 Phone 770-271-0453 • Fax 770.271.0634

For immediate information contact, Vicki Bobo at 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. 24	Set-up starting at 6:00 am
Saturday, Feb. 24	Breakdown starts at 2:00

Summer:

Friday, July 20	3:00-5:00 pm
Saturday, July 21	Set-up starts at 6:30 am
Sunday, July 22	Breakdown starts at 12:30

DISPLAY HOURS For Summer and Fall:

Mid-Winter:

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

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.

2018 GSOMS Summer Schedule

Friday, July 20

3:00 - 5:00pm	Exhibitor Setup
4:00 - 6:00pm	Registration
6:00pm	Welcome Reception/Dinner

Saturday, July 21

7:30 - 8:30am	Registration, Breakfast with Exhibitors
8:30 - 10:00am	<i>Anesthesia Update: Focusing on Nausea & Vomiting, Malignant Hyperthermia, Negative Pressure Pulmonary Edema, Capnography and Allergy</i> Edward C. Adlesic, DMD Assistant Clinical Professor of Oral and Maxillofacial Surgery, University of Pittsburgh School of Dental Medicine Diplomate, American Board of Oral and Maxillofacial Surgery Diplomate, National Dental Board of Anesthesiology Director, American Dental Society of Anesthesiology Fellow, American Association of Oral and Maxillofacial Surgeons Fellow, American Dental Society of Anesthesiology
10:00 - 10:30am	Break with Exhibitors
10:30 - 12:30pm	Seminar continues Edward C. Adlesic, DMD
12:30 - 1:30pm	Business Session Lunch and Dinner on Your Own

Sunday, July 22

7:30 - 8:30am	Registration, Breakfast with Exhibitors
8:30 - 10:00am	<i>“Patient Safety and Risk Management for the Oral and Maxillofacial Surgeon”</i> OMSNIC
10:00 - 10:30am	Break with Exhibitors
10:30 - 12:30pm	<i>“Patient Safety and Risk Management for the Oral and Maxillofacial Surgeon” Continues</i> OMSNIC
12:30pm	Conference Adjourns

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Hank Holderfield	
	2 Business name/disregarded entity name, if different from above Georgia Society of Oral and Maxillofacial Surgeons, Inc.	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 4850 Golden Parkway, Suite B-417	Requester's name and address (optional)
	6 City, state, and ZIP code Buford, GA 30518	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
5 8 - 1 3 0 5 4 1 3	

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 code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out 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 transactions, item 2 does not apply. For mortgage interest paid, acquisition 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 ▶	Date ▶ 12/1/17
------------------	----------------------------	----------------

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.