

Georgia Society of Oral and Maxillofacial Surgeons

2019 Mid-Winter Meeting

*Michael S. Block, DMD
Center for Dental Reconstruction
Metairie, LA*

2019 Summer Meeting

*Pediatric Oral and Maxillofacial Surgery
Florida Craniofacial Institute
Pat Ricalde, MD, DDS, FACS
Victoria Palermo, MD, DDS*

Exhibitor Prospectus

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

***Atlanta, GA
Greensboro, GA***

***Feb. 23, 2019
Aug. 9-11, 2019***

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. 23 at the Druid Hills Golf Club in Atlanta, GA. The Summer Meeting will be held August 9-11 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.

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,

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Alfred Pesto, Jr., DMD
GSOMS President

Contract

GSOMS MID-WINTER CONFERENCE
Feb. 23, 2019
Druid Hills Golf Club, Atlanta, GA

Please reserve the following:

- One Exhibitor Table for Mid-Winter: \$600
- Dr. Michael Block Speaker Sponsorship: \$2500 (2 available)
- Two Exhibitor Tables for Mid-Winter: \$1000

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

FIRM: _____

ADDRESS: _____

TELEPHONE: _____ Email: _____

PRODUCTS/SERVICES TO BE EXHIBITED: _____

NAMES FOR REGISTRATION BADGES:

1. _____ Email: _____

2. _____ 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 Franklin Marriott Cool Springs, 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 Tennessee Society of Oral and Maxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

AUTHORIZED SIGNATURE: _____ DATE: _____

Print signature: _____

Pay by credit card: <https://www.123signup.com/register?id=rfbnq>

Pay By Check _____ Check number

You must return the signed contract to our address with your check (if applicable) made payable to:
GSOMS • 4850 Golden Parkway, Suite B-417 • Buford, Georgia 30518
770-271-0453 Phone • 770.271.0634 Fax

Contract

GSOMS SUMMER MEETING
August 9-11, 2019
Ritz Carlton, Lake Oconee
Greensboro, GA

One Exhibitor Table for Summer: \$1200

Speaker Sponsorship: \$2,500 (4 available)

Two Exhibitor Tables for Summer: \$2,000

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

FIRM: _____

ADDRESS: _____

TELEPHONE: _____ Email: _____

PRODUCTS/SERVICES TO BE EXHIBITED: _____

NAMES FOR REGISTRATION BADGES:

1. _____ Email: _____

2. _____ 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 Franklin Marriott Cool Springs, 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 Tennessee Society of Oral and Maxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

AUTHORIZED SIGNATURE: _____ DATE: _____

Print signature: _____

Pay by credit card: <https://www.123signup.com/register?id=rfbnq>

Pay By Check _____ Check number

You must return the signed contract to our address with your check (if applicable) made payable to:
GSOMS • 4850 Golden Parkway, Suite B-417 • Buford, Georgia 30518
770-271-0453 Phone • 770.271.0634 Fax

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. 23	Set-up starting at 6:00 am
Saturday, Feb. 23	Breakdown starts at 2:00

Summer:

Friday, August 9	3:00-5:00 pm
Saturday, August 10	Set-up starts at 6:30 am
Sunday, August 11	Breakdown starts at 11:00

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 - 11:00 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.

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>1/1/19</u>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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, later.