2026

Georgia Society of Oral and Maxillofacial Surgeons

SUMMER MEETING

August 7-9

RITZ-CARLTON REYNOLDS: LAKE OCONEE, GA

EXHIBITOR PROSPECTUS

GREETINGS FROM THE PRESIDENT

Dear Friends and Colleagues,

We are very pleased to invite you to the 2026 Summer Meeting of the Georgia Society of Oral and Maxillofacial Surgeons, which will be held August 7-9 at The Ritz-Carlton Reynolds, Lake Oconee.

The Ritz-Carlton Reynolds, Lake Oconee is one of the most luxurious lakeside resorts in Georgia, a place where lake house-like charm, world-class accommodations and highly personalized service create an unforgettable experience.

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

Please take a moment to review the information in this prospectus and register for the 2026 Georgia Summer Meeting today (and book your hotel accommodations!).

Sincerely yours,

Michael

Michael Rosenthal, DMD
President, GSOMS

Contact Melissa Connor, Associate Executive Director for more information:

770-271-0453 or mconnor@pami.org

ACCOMODATIONS:

The Ritz-Carlton Reynolds, Lake Oconee

1 Lake Oconee Trl | Greensboro, GA 30642

Room Rate: $489 + taxes and fees

Exhibit personnel are responsible for arranging their own hotel accommodations if needed. Reserve your room at the link below.

https://bit.ly/GSOMS-Summer-2026-Hotel

REGISTER & RESERVE YOUR TABLE

STEP 1: SELECT YOUR SPONSORSHIPS

❏ **One Exhibitor Table: $1,508**

❏ **Two Exhibitor Tables: $2,008**

You must purchase an exhibit table to be eligible for the following additional sponsorships:

❏ **Opening Reception Sponsorship, Friday, August 7: $2,500**

❏ **Luncheon Sponsorship, Saturday, August 8, Board/Business Meeting: $2,500**

❏ **Coffee Sleeve Sponsorship: $2,000**

❏ **Cocktail Napkin Sponsorship: $1,000**

❏ **Conference Lanyard Sponsorship: $1,500**

❏ **Hotel Key Card Sponsorship: $2,500**

STEP 2: REGISTER YOUR COMPANY & RESERVE YOUR SPONSORSHIP

All sponsors and exhibitors must register for the meeting. There are two options available to complete this step.

OPTION 1: Register Online at ***bit.ly/GSOMS-Summer-2026-Exhibitors***

This option will allow you to pay by credit card and/or check. ALL company representatives that will attend the meeting on the company's behalf must be registered using the same link.

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 The Ritz-Carlton for loss, theft, damage, or destruction of goods, nor for any injury to themselves 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:_____

NOTE: Attendee Lists for the meeting will NOT be shared until your company registration is complete and all of your representatives are included in the registration.

NEED HELP? *If you are unable to register online or have questions about the contract, please contact Melissa Connor: Office: 770-271-0452; Email: mconnor@pami.org*

EXHIBITION RULES

SHIPPING: Ship all packages to the following:
ATTN: GSOMS 8/7-8/9 (EXHIBITOR NAME)
The Ritz-Carlton Reynolds, Lake Oconee
1 Lake Oconee Trl
Greensboro, GA 30642

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:

Friday, August 7	12:00 - 5:00 pm
Sunday, August 9	Breakdown 10:30 am

DISPLAY HOURS:

Saturday, August 8	7:00 am - 12:00 pm
Sunday, August 9	7:00 - 12:00 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.

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.

DAILY SCHEDULE

Friday, August 7

12:00 - 5:00pm	Exhibitors Setup
6:30 - 8:30pm	Opening Reception and Dinner *All are welcome*

Saturday, August 8

7:00 - 12:00pm	Registration
7:00 - 8:00am	Breakfast with Exhibitors
8:00 - 10:00am	***"Pterygoid Implants + Digital Workflow: Cracking the Code to Same-Day Full Arch Success"*** **Shaun R. Young, DMD** MOSAIC- Maxillofacial Surgical Arts and Implant Centers New Port Richey, FL
10:00 - 10:30am	Break with Exhibitors
10:30am - 12:00pm	Session Continues
12:00 - 1:30pm	Business Session *Lunch provided for those who attend*

Sunday, August 9

7:00 - 12:00pm	Registration
7:00 - 8:30am	Breakfast with Exhibitors
8:30 - 10:00am	***"Osteonecrosis of the Jaw: Emerging Therapies and Innovations"*** **Justine Moe, DDS, MD, FACS** University of Michigan Medical School Ann Arbor, MI
10:00 - 10:30am	Break with Exhibitors
10:30am - 12:00pm	Session Continues
12:00pm	Conference Adjourns

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

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

2 Business name/disregarded entity name, if different from above

GSOMS

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

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 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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ *Melissa Connor* Date ▶ 1/1/2026

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-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, *later.*