

Florida Society of Oral and Maxillofacial Surgeons

***2018 Summer Meeting
2018 Fall Meeting***

Exhibitor Prospectus

***Omni Hotel and Resort
Ritz Carlton***

***Amelia Island, FL
Orlando, FL***

***July 13-15, 2018
October 26-28, 2018***

Greetings from the President

Thomas L. Bowers, IV, DMD, MD
President

Daniel J. Gesek, Jr., DMD
President-Elect

Chadwick J. Marshall, DMD, MD
Vice President

John H. Hardeman, DDS, MD
Secretary Treasurer

Ramon L. Ruiz, DMD, MD
Immediate Past President

J.W. (Hank) Holderfield
Executive Director

On behalf of the membership of the Florida Society of Oral and Maxillofacial Surgeons, we invite you to exhibit at our upcoming meetings in 2018. The Summer Meeting will be held July 13-15 at the Omni Hotel and Resort in Amelia Island, FL. The Annual Meeting will be held October 26-28 at the Ritz Carlton Orlando, FL. Exhibitor set up will start on either Thursday or Friday prior to the meeting, with exhibit hours on Saturday and Sunday. Meals included are the Cocktail Reception on Friday night and Breakfast and Breaks on Saturday and Sunday.

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.fsoms.org.

In addition to exhibiting we also offer opportunities to sponsor an events or speaker. Please consider one of these great opportunities. For additional information, please contact our Corporate Coordinator, Vickie Bobo vbobo@pami.org or Associate Executive Director Melissa Connor, 770-271-0453 or mconnor@pami.org at any time.

Further information, including hotel room block rates and availability will be sent shortly.

Sincerely yours,

Tom

Thomas L. Bowers, IV, DMD, MD,
FSOMS President



FSOMS SUMMER CONFERENCE
JULY 13-15, 2018
Omni Hotel and Resort
Amelia Island, FL

FSOMS Annual Meeting
October 26-28, 2018
Ritz Carlton
Orlando, FL

EXHIBIT

Please reserve the following:

- One Exhibitor Table: \$1,200 **OR** I'd like one table for Summer and one table for Fall: \$2,000
- Summer Only
- Fall Only

Includes 6 foot table(s) in the exhibit area for Friday, Saturday and Sunday, two representatives in the exhibit area, breakfast on Friday, Saturday and Sunday, cocktail reception on Friday and promotion to the FSOMS membership through eblasts, signage and the website.

SPONSOR

You MUST be an EXHIBITOR in order to Sponsor our Event!

Yes! I'd like to sponsor the following:

Summer Event:

- Speaker Kevin Arce, DMD, MD: \$1,000
- Opening Reception: \$2,500 Sponsor #1
- Opening Reception: \$2,500 Sponsor #2

Fall Event:

- Fall Speaker: \$1,000
- Opening Reception: \$2,500 Sponsor #1
- Opening Reception: \$2,500 Sponsor #2

Includes exclusive promotion to the FSOMS membership through Powerpoint presentations, eblasts, signage and the website.

Register your company on our online registration system (link below) and pay immediately via credit card or payment pending via check.

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

If you are paying by check please make check payable to and mail to:

FSOMS • 4850 Golden Parkway, Suite B-417 • Buford, Georgia 30518

**For immediate information contact, Vickie Bobo, vbobo@pami.org or
Melissa Connor, Associate Executive Director,
mconnor@pami.org or 770-271-0453.**

Exhibition Rules

RENTAL FEE: First Table \$1,200, Second Table \$2,000
Fee includes table, two chairs, a wastebasket, and electricity.

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 FSOMS of 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 Florida 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:

Summer:

Friday, July 13 Set-up anytime 4:00-6:00 pm*

** We have a Preconference class on Friday from 7:00-4:00 with 25+ attendees, so you are welcome to exhibit during this time but not required.*

Saturday, July 14 Set-up before 7:00 a.m. breakfast*

Sunday, July 15 Breakdown starts at noon

Fall:

Friday, October 26 Set-up anytime 4:00-6:00 pm*

Saturday, October 27 Set-up before 7:00 a.m. breakfast

Sunday, October 28 Breakdown starts at noon

DISPLAY HOURS For Summer

Summer:

Friday 7:00 am -4:00 pm (optional)

Saturday/Sunday 7:00 am - 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 FSOMS will not be liable for music played as part of an exhibit under licensing rules of BMI or ASCAP.

SUBLETTING OFSPACE: 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 FSOMS.

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 Florida 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 Florida Society of Oral and Maxillofacial Surgeons, their directors, officers, staff and facility.

For further information, call Melissa Connor at the FSOMS office, 770-271-0453 or mconnor@pami.org.

2018 FSOMS Summer Schedule

Thursday, July 12

12:30 – 1:00pm

ACLS/BLS Registration

1:00pm – 5:30pm

ACLS Recertification Course

5:30pm – 6:30pm

BLS Recertification Course

Friday, July 13

7:00am – 8:00am

Breakfast & Registration for Airways Courses

8:00am – 10:00am

Advanced Airway Complications & Management for the OMS

10:00am – 10:15m

Break with Exhibitors

10:15am – 12:15pm

Airway Complications & Management for the OMS Continues

12:15pm – 1:00pm

Lunch for Participants in Airways courses only

1:00pm – 3:00pm

OMS Office Emergencies - Simulation Course

3:00pm – 3:15pm

Break with Exhibitors

3:15pm – 5:15pm

OMS Office Emergencies - Simulation Course Continues

1:00pm – 6:00pm

Conference Registration

6:30pm – 7:30pm

Welcome Reception

Saturday, July 14

7:00am – 8:00am

Breakfast with Exhibitors & Registration

8:00am – 10:00am

To be Determined

Kevin Arce, DMD, MD

10:00am – 10:30am

Break with Exhibitors

10:30am – 12:00pm

Session Continues

Kevin Arce, DMD, MD

12:00pm – 2:30pm

FSOMS Board Meeting

Lunch and Dinner on Your Own

Sunday, July 15

7:00am – 8:00am

Breakfast with Exhibitors

8:00am – 10:00am

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

Jeffrey Stone, DMD, MD

Julie Goldberg, DDS

10:00am – 10:30am

Break with Exhibitors

10:30am – 12:30pm

Session Continues

12:30pm

Adjourn

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. Florida Society of Oral and Maxillofacial Surgeons	
	2 Business name/disregarded entity name, if different from above FSOMS	
	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) ▶ _____ <small>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.</small> <input type="checkbox"/> Other (see Instructions) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	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 <i>How to get a TIN</i> 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.																																																																																	
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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 on page 3.	

Sign Here	Signature of U.S. person ▶ <i>Melissa Connor</i>	Date ▶ <i>2/25/18</i>
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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:

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 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
4. 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.