

Florida Society of Oral and Maxillofacial Surgeons

2017 Fall Meeting

Exhibitor Prospectus

Loews Hotel

South Beach, Miami, FL

Nov. 10-12, 2017

Greetings from the President

Ramon L. Ruiz, DMD, MD
President

Thomas L. Bowers, IV, DMD, MD
President-Elect

Daniel J. Gesek, Jr., DMD
Vice President

Chadwick J. Marshall, DMD, MD
Secretary Treasurer

Carlos Coro, DDS
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 meeting in Miami. The Annual Meeting will be held November 10-12 at the Loews South Beach in Miami. 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 Exhibit 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,

Ramon

Ramon Ruiz, DDS, FSOMS President

Exhibit/Sponsorship

EXHIBIT TABLE

One Exhibitor Table: \$1,200

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.

SPONSORSHIPS

Fall Speakers:

Richard Mufson: \$1,000

Rui Fernandes: \$1,000

Sundeep Rawal: \$1,000

TJ Tejera: \$1,000

Ramon Ruiz: \$1,000

Fall Event:

Opening Reception: \$2,500

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

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

<https://www.123signup.com/event?id=hxcnd>

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.

By completing your online registration understand and agree to the conditions and rules provided. Exhibitor agrees to make no claims against the Chapter nor its members, agents, or employees of the Ritz Carlton 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 Chapter will return any and all payments made by exhibitors. In the event of such cancellation for reasons beyond the control of the Chapter, the Georgia Chapter American College of Cardiology shall not be held liable for any expenses or losses incurred by exhibitors. 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 Florida Society of Oral and Maxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

FSOMS • 4850 Golden Parkway, Suite B-417 • Buford, Georgia 30518
770-271-0453 Phone 770.271.0634 fax

**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: \$1,200 Fee includes table, two chairs, a wastebasket, and access to electricity.

EXHIBIT AREA: Exhibits will be 6' draped table(s). 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.

DISPLAY HOURS:

Friday, Nov. 10	1:00-6:00* (optional)
Saturday, Nov. 11	7:00-4:00
Sunday, Nov. 12	7:00-12:00

* We have a Preconference class on Friday from 1:00- 3:00 followed by the FSOMS Board meeting with 25+ attendees, so you are welcome to exhibit during this time but not required.

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 OFS PACE: 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.

2017 FSOMS Fall Schedule

Friday, Nov. 10

1:00pm – 3:00pm	<i>Domestic Violence (Required Course)</i> Dr. Richard Mufson
3:00pm – 5:00pm	<i>FSOMS Board of Directors Meeting</i>
1:00pm – 6:00pm	Conference Registration
6:00pm – 7:00pm	Welcome Reception

Saturday, Nov. 11

7:00am – 8:00am	Breakfast with Exhibitors & Registration
8:00am – 10:00am	<i>Computer-Assisted Treatment Planning and Guided Implant Placement</i> Sundeep Rawal, DDS
10:00am – 10:30am	Break with Exhibitors
10:30am – 12:00pm	<i>Computer-Assisted Treatment Planning and Guided Implant Placement</i> Sundeep Rawal, DDS
12:00pm – 2:00pm	<i>Preventing Medical Errors (Required Course, lunch included)</i> Dr. Richard Mufson
2:00pm – 4:00pm	<i>1. Maxillofacial Reconstruction Update</i> <i>2. Local Soft Tissue Flaps for Facial Reconstruction</i> Dr. Rui Fernandes, DMD, MD, FACS
4:00pm	Program ends, dinner on your own

Sunday, Nov. 12

7:00am – 8:00am	Breakfast with Exhibitors
8:00am – 10:00am	<i>Virtual Surgical Planning for Orthognathic Procedures</i> TJ Rejera, DMD, MD
10:00am – 10:30am	Break with Exhibitors
10:30am – 12:30pm	<i>Computer-Assisted Planning and Intraoperative Navigation in Maxillofacial and Craniofacial Procedures</i> Ramon Ruiz, DMD, MD
12:00pm	Adjourn

**Request for Taxpayer
 Identification Number and Certification**

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

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 + Maxillofacial Surgeons Inc.

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

3 Check appropriate box for federal tax classification; 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. 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.
 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.)
4850 Golden Pkwy

6 City, state, and ZIP code
Suite B-417 Buford, GA 30518

7 List account number(s) here (optional)

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 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.

Social security number

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or

Employer identification number

5	9	-	1	6	1	5	8	4	7
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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.

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 ▶ *Melissa Connor* Date ▶ *3/1/17*

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.