

# Florida Society of Oral and Maxillofacial Surgeons



## Exhibitor Prospectus



 **2019 Summer Meeting**  
Andrew Herlich, DMD, MD, FAAP, FASA  
Staff Anesthesiologist, UPMC Mercy  
Pittsburgh, PA

 **August 9-11, 2019**  
The Ritz Carlton  
Amelia Island, FL

 **2019 Fall Meeting**  
Anthony Sclar, DMD  
Oral Surgery & Implant Dentist  
South Miami, FL

 **November 1-3, 2019**  
The Breakers  
Palm Beach, FL

# Greetings from the President

Daniel J. Gesek, Jr., DMD  
President

Chadwick J. Marshall, DMD, MD  
President-Elect

Brett L. Laggan, DDS  
Vice Preseident

John H. Hardeman, DDS, MD  
Secretary Treasurer

Thomas Bowers, 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 2019. The summer meeting will be held at the beautiful Ritz Carlton at Amelia Island on Aug. 9-11. The fall Meeting will be held November 1-3 at the Breakers in Palm Beach. 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](http://www.fsoms.org).

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

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

Sincerely yours,

Dan

Daniel J. Gesek, Jr., DMD  
FSOMS President

**SUMMER: AUGUST 9-11, 2019**

The Ritz Carlton, Amelia Island, FL

**FALL: NOVEMBER 1-3, 2019**

The Breakers, Palm Beach, FL

## EXHIBIT TABLE

One Exhibitor Table for Summer & Fall \$2000

Two Exhibitor Tables for Summer & Fall: \$3500

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

## SPONSORSHIPS

Dr. Andrew Herlich-*Summer Speaker Sponsorship*: \$1000 (Two available)

Opening Reception, Fri. Aug. 9th, *Summer at Amelia Sponsorship*: \$2500 (ONLY ONE REMAINING)

Lunch, Sat. Aug. 10th, *Board/Business Meeting*: \$2500 (Two Available)

**SOLD** Dr. Anthony Sclar- *Fall Speaker Sponsorship*: \$2500

Opening Reception, Fri. Nov.1st, *Fall at Palm Beach Sponsorship*: \$2500 (Two available)

FIRM: \_\_\_\_\_ PRODUCTS EXHIBITED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_ Email: \_\_\_\_\_

### NAMES FOR REGISTRATION BADGES: **SUMMER**

1. \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_ Email: \_\_\_\_\_

### NAMES FOR REGISTRATION BADGES: **FALL**

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 Hotels 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.

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Pay by credit card: <https://www.123signup.com/register?id=rtgyj>  Pay By Check \_\_\_\_\_ Ck.# \_\_\_\_\_

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

# 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 FSOMS 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, Aug. 9	Set-up anytime 7:00 am -4:00pm
Saturday, Aug. 10	Set-up before 7:00am breakfast
Sunday, Aug. 11	Breakdown starts at noon

### FALL:

Friday, Nov.1	Set-up anytime 4:00-6:00pm
Saturday, Nov. 2	Set-up before 7:00am breakfast
Sunday, Nov. 3	Breakdown starts at noon

## DISPLAY HOURS For Summer and Fall:

### SUMMER

Friday, Aug. 9	7:00 am -4:00pm (optional)
Saturday/Sunday	7:00 am - 12:00 pm

### FALL

Fri, Nov. 1	6:00 pm - 8:00 pm (optional)
Saturday/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 FSOMS 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 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](mailto: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](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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**

6 City, state, and ZIP code  
**Buford, GA 30518**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

## 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.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
5	9	-	1	6	1	5	8	4	7

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Melissa Connor</i>	Date ▶ <i>1/1/19</i>
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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](http://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.*