2026

Florida Society of Oral and Maxillofacial Surgeons

ANNUAL MEETING

Exhibitor Prospectus

"Precision Grafting Meets Dynamic Navigation: Advanced Techniques for Optimal Implant Success"
Eduardo Nicolaievsky, DDS

"Anesthesia Updates for the OMS Practice"
Deepak Krishnan, DDS, FACS, FDSRCPS (Glasg)

ACLS/BLS
Emergency Medical Consultants
Shaun Fix

Management of Medical and Airways Emergencies in the Dental Practice
Shaun Fix

NOVEMBER 6-8

Ritz Carlton,
Grande Lakes

Orlando, FL

Greetings from the President

EXECUTIVE BOARD

Tinerfe J. Tejera, DMD, MD
President

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President-Elect

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Vice President

Danielle Freburg-Hoffmeister, DDS, MD
Treasurer

Stephanie Zastrow, DDS, MBA
Immediate Past President

STAFF

J.W. (Hank) Holderfield
Executive Director

Melissa Connor
Associate 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 2026. The Annual Meeting will be held at the beautiful Ritz Carlton, Grande Lakes in Orlando on Nov. 6-8. Exhibitor set up will start on Friday prior to the meeting, with exhibit hours on Saturday and Sunday. Meals included are the Cocktail Reception on Friday and Saturday nights and Breakfast and Breaks on Saturday and Sunday.

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 Associate Executive Director, Melissa Connor, at 770-271-0453 or mconnor@pami.org at any time.

Sincerely yours,

T.J.

T. J. Tejera, DMD, MD
FSOMS President

Register and Reserve Your Table

STEP 1: SELECT YOUR SPONSORSHIPS

- ❑ **One Exhibitor Table: $1,508**
- ❑ **Two Exhibitor Tables: $2,008**

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

- ❑ **Opening Reception Sponsorship: Friday, Nov. 6: $2,500**
- ❑ **Luncheon Sponsorship, Board/Business Meeting: Saturday, Nov. 7: $2,500**
- ❑ **Coffee Sleeve Sponsorship: $1,200**
- ❑ **Cocktail Napkin Sponsorship: $750**
- ❑ **Hotel Key Card Sponsorship: $2,200**
- ❑ **Conf. Lanyard Sponsorship: $2,500**

STEP 2: REGISTER YOUR COMPANY & RESERVE YOUR SPONSORSHIP

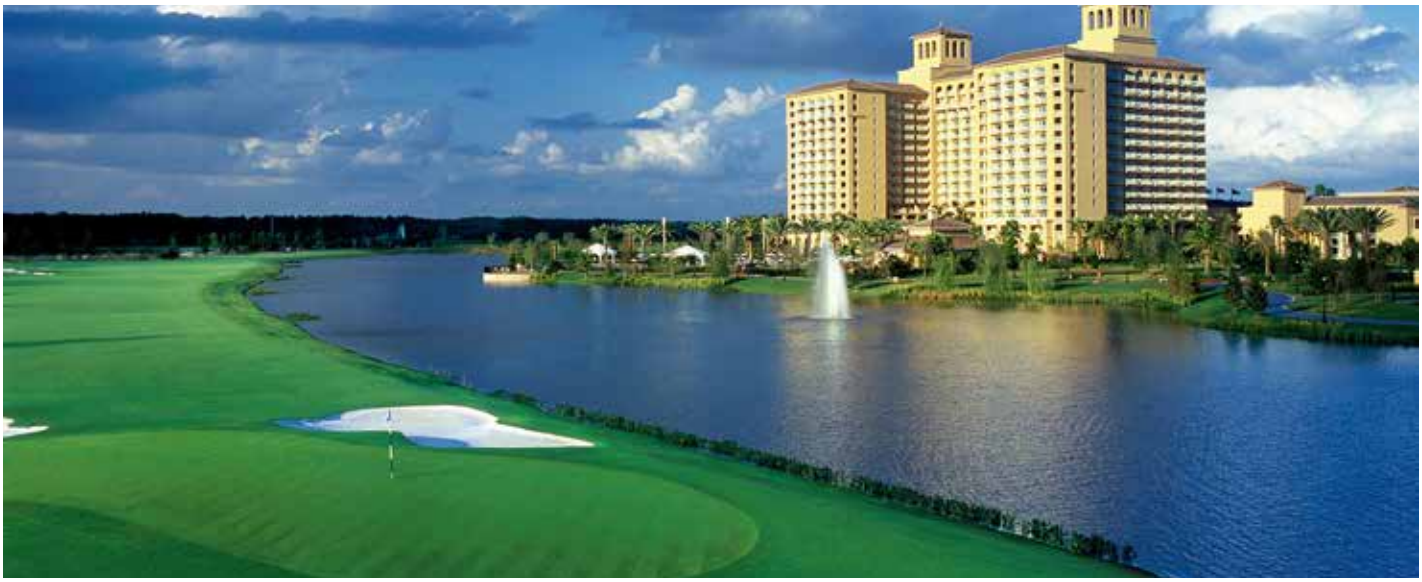
All sponsors and exhibitors must register for the meeting.

Register Online at ***https://fsoms.wildapricot.org/event-6771463***

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.

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 Florida Society of Oral and Maxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

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*

SCHEDULE OF EVENTS

FRIDAY, NOVEMBER 6

8:00am – 1:00pm
ACLS/BLS/Management of Medical and Airways Emergencies in the Dental Practice
8:00am - 1:00pm Session 1
1:00pm - 6:00pm Session 2

3:00pm – 5:00pm
Executive Board Business Meeting

6:30pm – 7:30pm
Welcome Reception

SATURDAY, NOVEMBER 7

7:00am – 8:00am
Breakfast with Exhibitors & Registration

8:00am – 10:00am
Precision Grafting Meets Dynamic Navigation: Advanced Techniques for Optimal Implant Success
Eduardo Nicolaievsky, DDS

10:00am – 10:30am
Break with Exhibitors

10:30am – 12:00pm
Session Continues

1:00pm – 6:00pm
Management of Medical and Airways Emergencies in the Dental Practice
Shaun Fix, EMC

6:30pm – 7:30pm
Reception (if sponsored)

SUNDAY, NOVEMBER 8

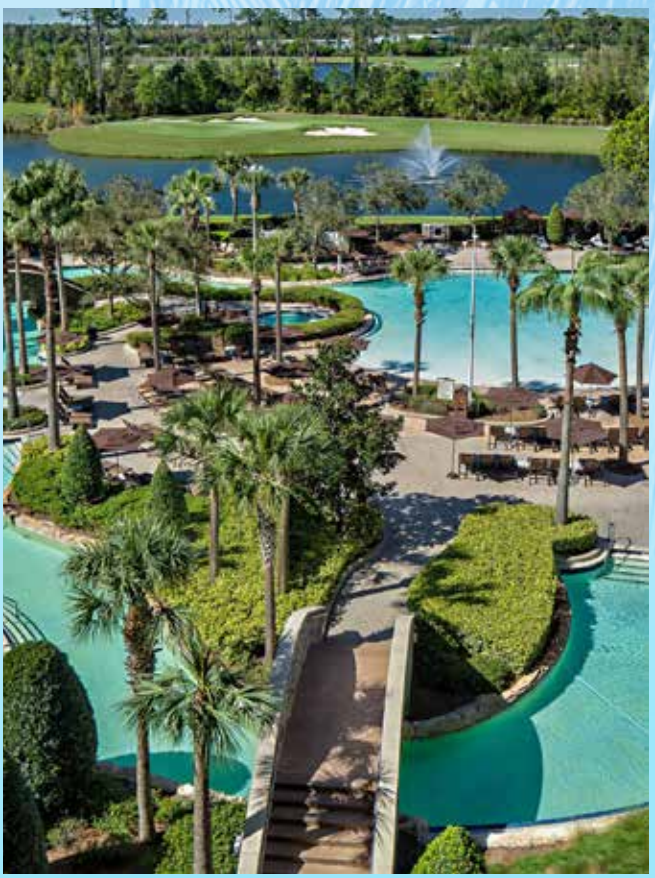
7:00am – 8:00am
Breakfast with Exhibitors & Registration

8:00am – 10:00am
Anesthesia Updates for the OMS Practice
Deepak Krishnan, DDS, FACS, FDSRCPS

10:00am – 10:30am
Break with Exhibitors

10:30am – 12:00pm
Session Continues

12:00 Adjourn



EXHIBITION RULES

ACCOMMODATIONS:
The Ritz-Carlton Orlando, Grande Lakes
4012 Central Florida Parkway
Orlando, Florida 32837

Exhibit personnel are responsible for arranging their own hotel accommodations. A block of rooms have been secured under FSOMS. Room rate: $309.00.
Reservations: ***https://book.passkey.com/gt/221304721?gtid=fae6f746e0e3de6273f07faa4bb86b9c***

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:

Friday, Nov. 6	Set-up anytime 1:00 - 5:00pm
Saturday, Nov. 7	Set-up before 7:00am breakfast
Sunday, Nov. 8	Breakdown starts at 10:30am

DISPLAY HOURS:

Saturday, Nov. 7	7:00am - 10:30am
Sunday, Nov. 8	7:00am - 10:30am

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 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.

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

Form **W-9**
(Rev. March 2024)
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.

Before you begin. For guidance related to the purpose of Form W-9 see *Purpose of Form* below

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Florida Society of Oral and Maxillofacial Surgeons

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

FSOMS

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

Print or type. See *Specific Instructions* on page 3.

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

Requester's name and address (optional)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number

5 9 - 1 6 1 5 8 4 7

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they