

Southeastern Society of Oral and Maxillofacial Surgeons

69th *Annual Meeting*

Complications in Dentistry

*Evolution of OMSF Over
the Last 50 Years*

Tibia Bone Graft

*Forty Year History in
Management of Jaw Diseases*

*New Innovations in
Management of Jaw Diseases*

Exhibitor and Sponsorship Prospectus

The Cloister

Sea Island, GA

May 2-6, 2018

Greetings from the President

Harry E. (Hal) Jones, D.D.S.
President

Leonard F. (Lee) Allen, D.M.D., M.D.
President-Elect

Robert Pfeffle, D.M.D.
Vice President

Peter D. Waite, D.D.S, M.D., M.P.H.,
F.A.C.S.
Secretary Treasurer

Jeffrey Wallen, D.D.S,
Executive Board

Kim Swanson, D.D.S,
Executive Board

James A. Davis, Jr., DDS
immediate Past President

J.W. (Hank) Holderfield
Executive Director



Harry E. (Hal) Jones, DDS

Dear Sir or Madam:

On behalf of the membership of the Southeastern Society of Oral and Maxillofacial Surgeons, I invite you to exhibit at our 69th annual meeting which will be held May 2-6, 2018 at the Cloister in Sea Island, GA. Enclosed is information regarding the exhibits and a contract which should be returned as soon as possible. We have limited exhibit space available to us so we encourage you to respond today.

Also, a block of rooms have been reserved at the Sea Island Inn for \$205.00. We urge you to make your accommodations as soon as possible by calling the number in the exhibit contract.

If you need additional information or if I can clarify any of the above for you, please do not hesitate to contact our Executive Director, Hank Holderfield or myself at any time.

Sincerely yours,

Harry E. (Hal) Jones, DDS

President

Southeastern Society of Oral and Maxillofacial Surgeons

Contract

SSOMS Annual Meeting
May 2-6, 2018
The Cloister, Sea Island, GA

Please reserve the following:

- Sponsorship of Dr. Kushner \$4,000 Includes promotion before, during and after the meeting and one exhibitor table
- Sponsorship of Dr. Alpert \$4,000 Includes promotion before, during and after the meeting and one exhibitor table
- Sponsorship of Opening Reception \$4,000 Includes promotion before, during and after the meeting and one exhibitor table
- Exhibitor Sponsor: \$3,000 Includes two 6ft. tables
- Exhibitor Sponsor: \$2,000 Includes one 6ft. table

Pay By Check _____ Check number OR

Pay By Credit Card: <https://www.123signup.com/register?id=hmyks>

TELEPHONE: _____ Email: _____

PRODUCTS/SERVICES TO BE EXHIBITED: _____

NAMES FOR BADGES: 1. _____ Email: _____

NAMES FOR BADGES: 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 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 Southeastern Society of Oral and Maxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

AUTHORIZED SIGNATURE: _____ DATE: _____

Print signature: _____

Return the signed contract to our address with your check made payable to:

SSOMS • 4850 Golden Parkway, Suite B-417 • Buford, Georgia 30518
770.271.0453 Phone 770.271.0634 fax

Exhibition Rules

EXHIBIT RULES: The Southeastern Society of Oral and Maxillofacial Surgeons invite you to exhibit at their Annual meeting to be held May 2-6, 2018. In attendance will be approximately 70 oral surgeons who are your current customers or potential clients. In return for your support, the exhibit fee includes attendance at the Society reception on Wednesday evening and breakfasts and breaks offered. You may also participate in our afternoon tours and pre or post-conference tours (if any) at the same fee as members. Exhibitors will be listed in the SSOMS schedule at the meeting.

RENTAL FEE: First Table \$2,000, Second Table \$3,000
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 SSOMS 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 Southeastern 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:

Wednesday, May 2	1:00-5:00 p.m.
Saturday, May 5	Breakdown starts at noon

DISPLAY HOURS:

Thursday, May 3	7:00 a.m. - Noon
Friday, May 4	7:00 a.m. - Noon
Saturday, May 5	7:00 a.m. - Noon

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 Southeastern Society of Oral and Maxillofacial Surgeons 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 SSOMS at the Sea Island Inn and at the Cloister. **The Inn is walking distance to the Cloister and the room rate is \$205 per night. Call them directly and ask for the SSOMS room block, (855) 246-8166. The Cloister room rate is \$525.00 To book at the Cloister go to ssoms.org, 2018 annual meeting.** The block closes on April 1, 2018 or while room last.

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

Our Presenters and Scientific Sessions

“Complications in Dentistry” and Tibia Bone Graft”



George Kushner, DMD, MD, FACD, FACS

Dr. Kushner is a native of Pennsylvania. He graduated from Pennsylvania State University and Temple University School of Dentistry. Following his completion of his Oral and Maxillofacial Surgery residency at the University of Louisville he did a fellowship at the Oral Surgery Institute in Knoxville, TN in TMD under Jeffery Carter D.M.D., M.D. After his fellowship he enrolled and graduated from medical school at The University of Alabama. He completed his general surgery core year at Providence Hospital.

He came back to Louisville in 1993, becoming the Oral and Maxillofacial Surgery Program Director in 1994. He achieved the rank of full professor in 2007. He is a Diplomat, Fellow, or member of AAOMS, ADEA,

SSOMS, and the American College of Surgeons, holding leadership positions in most of these organizations.

Dr. Kushner lectures worldwide and is well published on a variety of topics in Oral and Maxillofacial Surgery. He is a Trustee of the AO Foundation, an international organization committed to excellence in musculoskeletal surgery. Dr. Kushner has become the “go to” surgeon in this area of the country for complex injuries, deformities, and complications.

“Evolution of OMSF Over the Last 50 Years” and “Forty Year History in Management of Jaw Diseases” and “New Innovations in Management of Jaw Diseases”



Brian Alpert, DDS, FACS, FACD, FICD

Dr. Alpert was born in Southern California and grew up in Lake Placid, New York. He received his A.B. from University College of New York University in 1963 and is a 1967 graduate of the School of Dental & Oral Surgery, Columbia University. He did his residency in Oral & Maxillofacial Surgery at Long Island Jewish Medical Center – Queens Hospital Center. Following training, he served in the U. S. Army Dental Corps at both the 121st Evacuation Hospital in Korea and Womack Army Hospital at Ft. Bragg, N.C.

He began his academic career at the University of Illinois as Assistant Professor of Oral & Maxillofacial Surgery. In 1973 he joined the faculty at the University of Louisville as Associate Professor and Director of the Advanced Training Program in Oral & Maxillofacial Surgery. He was then the youngest oral and maxillofacial surgery program director in the country. He was promoted to Professor in 1978 and became Chairman of Oral & Maxillofacial Surgery in the School of Dentistry and Chief at University Hospital in 1987. Not solely an “academic”, he has always maintained an active, full-scope private practice.

He is a Diplomate, Fellow or member of virtually all U.S. professional organizations pertaining to his specialty or dental education and has held leadership positions in most. Dr. Alpert has received the Harrigan Award, the Lula Award, the Osbon Award and was named the AONA Craniomaxillofacial Educator of the year in 2004 and the SSOMS Distinguished Educator in 2005. In 2008 he received the ADEA Presidential Citation. He has authored over 70 scientific publications and has lectured throughout the world on topics including craniomaxillofacial trauma, craniofacial and dentofacial deformity correction, management of odontogenic tumors, maxillofacial reconstruction, dental anesthesiology, implantology and OMFS education.

Since 1985, Dr. Alpert has been active in the AO/ASIF, an international research and educational organization committed to advancing the treatment of musculoskeletal injuries, disease and deformities. He has served in several leadership positions both with AO North America and the AO Foundation representing Craniomaxillofacial Surgery, most recently a 6 year term on the Academic Council. Since 1987 he has participated as faculty in 94 AO CMF courses of all varieties and in all regions. He was most recently honored by being elected an Honorary Trustee of the AO Foundation.

2018 SSOMS Schedule

Wednesday, May 2

1:00 - 5:00pm	Registration	10:30 - noon	<i>"Forty Year History in Management of Jaw Diseases"</i> Brian Alpert, DDS, FACS, FACD, FICD Louisville, KY
2:00 - 5:00pm	First Board Meeting		
2:00 - 5:00pm	Candidates Interviews	12:30pm	Lunch on your own
6:00 - 7:30pm	Opening Reception for all	12:30pm	Golf Tournament - Plantation Course (box lunch included)

Thursday, May 3

7:00 - 12:00pm	Registration	1:00 - 5:00pm	Activity Options 1. Captain's Choice Fishing
----------------	--------------	---------------	---

7:00 - 8:00am	Exhibits & Breakfast
8:00 - 10:00am	<i>"Complications in Dentistry"</i> George Kushner, DMD, MD, FACS, FACD Louisville, KY
9:00 - 10:00am	Spouse's Breakfast
10:00 - 10:30am	Break & Exhibits
10:30 - 11:30am	<i>"Evolution of OMSF Over the Last 50 Years"</i> Brian Alpert, DDS, FACS, FACD, FICD Louisville, KY
11:30am-noon	First Business Session
12:30pm	Lunch on your own
1:00 - 5:00pm	Activity Options 1. Captain Choice Fishing
2:00 - 4:00pm	2. Clay Target Shooting Tournament
3:00 - 4:00pm	Tennis Tournament

Saturday, May 5

7:00	Fun Run
7:00 - 12:00pm	Registration
7:00 - 8:00am	Exhibits & Breakfast
7:00 - 8:00am	Past Presidents' Breakfast
7:00 - 8:00am	Second Board Meeting
8:00 - 10:00am	<i>"New Innovations in Management of Jaw Diseases"</i> Brian Alpert, DDS, FACS, FACD, FICD Louisville, KY
10:00 - 10:30am	Break & Exhibits
10:30am - noon	Second Business Session
12:00pm	Lunch on your own
1:00 - 5:00pm	Activity Option 1. Captain's Choice Fishing
6:30 - 7:30pm	President's Reception
7:30 - 11:00pm	President's Dinner

Friday, May 4

7:00 - 12:00pm	Registration
7:00 - 8:00am	Exhibits & Breakfast
7:00 - 8:00am	District III Caucus
8:00 - 10:00am	<i>"Tibia Bone Graft"</i> George Kushner, DMD, MD, FACS, FACD Louisville, KY
10:00 - 10:30am	Break & Exhibits

Sunday, May 6

Departure

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.
James W. Holderfield

2 Business name/disregarded entity name, if different from above
Southeastern Society of Oral and Maxillofacial Surgeons, Inc.

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 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 2.

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.

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.

Social security number	
[] [] [] - [] [] [] - [] [] [] []	
or	
Employer identification number	
6 2 - 6 0 4 1 9 4 8	

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 ▶ Date ▶ 1/1/2018

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.