

Southeastern Society of Oral and Maxillofacial Surgeons

Annual Meeting The Europe Hotel and Resort Killarney, Ireland May 7-12, 2019

Complications of Dentoalveolar Surgery —

Management of OSA —

**Current Concepts in Management of
Premalignant and Oral Cancers** —

**Contemporary Management of
Dentofacial & Craniofacial Deformities** —

**Cosmetic Facial Surgery:
Basic to Advanced** —

Exhibitor Prospectus

Greetings from the President

Leonard F. (Lee) Allen, DMD, MD
President

Robert Pfeffle, DMD
President-Elect

Peter D. Waite, DDS, MD, MPH, FACS
Vice President

Jeffrey Wallen, DDS
Secretary Treasurer

Kim Swanson, DDS
Executive Board

Patrick Louis, DDS, MD
Executive Board

Harry E. (Hal) Jones, DDS
Immediate Past President

J.W. (Hank) Holderfield
Executive Director



Lee Allen, DMD, MD

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 70th annual meeting which will be held May 7-12, 2019 at The Europe Hotel in Killarney Ireland.

Enclosed is information regarding the sponsorship opportunities and a contract which should be returned as soon as possible.

We urge you to make your accommodations as soon as the hotel rooms are very limited. To reserve visit; www.ssoms.org.

If you need additional information or if I can clarify any of the above for you, please do not hesitate to contact our Associate Executive Director, Melissa Connor at mconnor@pami.org.

As a attendee to our conference we encourage you to join us on our tours and activities. See our brochure on our website.

When registering please click the **“sponsor”** box;
<https://www.123signup.com/register?id=rgfcd>

Sincerely yours,
Lee Allen, DMD, MD

President
Southeastern Society of Oral and Maxillofacial Surgeons

Limited
Hotel Rooms
Left!!

Support Opportunities

\$2500

SOLD

President's
Dinner Sponsor

SOLD

Opening
Reception

\$2000

Speaker Sponsor

G.E. Ghali, DDS, MD, FACS, FRCS (ED)

(1) Thursday Sponsor, May 9, 2019

(1) Saturday Sponsor, May 11, 2019

\$2000
each

Conference Sponsor

Included:

- * Table for materials in the prefunction area (Total 2 breaks)
- * Attendance to the Wednesday night reception
- * Logo on and materials in the SSOMS Conference bag
- * Attend all tours and activities with members

Scientific Program Support

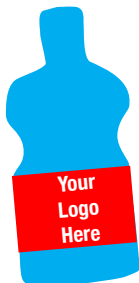
Ship your branded paper, pens, and give away to Hotel Europe and they will be placed at each members seat

\$500

SSOMS Conference Bag

Your logo on our conference bag and 2 branded items that you provide: small brochures and/or small giveaways. You must ship items to the Hotel Europe.

\$500
each



Tour Sponsor: ONE SPACE AVAILABLE

You ship your branded water bottles to us and we will hand them out before tours start on Thursday. Production of water bottles not included. (Quantity #100 water bottles needed)

\$350

Contract

SSOMS ANNUAL MEETING
MAY 7- MAY 12, 2019
The Europe Hotel and Resort
Killarney, Ireland
May 7-12, 2019

- o President's Dinner Sponsor: \$2,500 **SOLD**
 - o Speaker Sponsor: \$2000
 - o Thursday
 - o Saturday
 - o Scientific Program Support: \$500
 - o Tour Sponsor: \$350
 - o Opening Reception: \$2,000 **SOLD**
 - o Conference Sponsor: \$1,200
 - o SSOMS Conference Bag: \$500
-

FIRM: _____

ADDRESS: _____

TELEPHONE: _____ Email: _____

PRODUCTS/SERVICES TO BE EXHIBITED: _____

NAMES FOR REGISTRATION BADGES:

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 The Europe Hotel & Resort, 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: _____

o Pay by credit card: <https://www.123signup.com/register?id=hrspf>

o Pay By Check _____ Check number

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

For immediate information contact, Vicki Bobo at vbobo@pami.org

Conference Rules

EXHIBIT AREA: We will not have a traditional exhibit area with breakfast. We will have tables available in prefunction area but only 2 breaks.

PAYMENT TERMS: A signed contract guarantees SSOMS payment from the sponsor. Any sponsor who contracts for a table must pay the full.

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 sponsor, 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.

SPONSOR PLANNED FUNCTIONS: Sponsors are requested not to plan functions for oral surgeon clients which conflict with scheduled society functions.

HOTEL PROPERTY: 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 SSOMS will not be liable for music played as part of an exhibit under licensing rules of BMI or ASCAP.

ACCOMMODATIONS: Sponsors personnel are responsible for arranging their own hotel accommodations. A block of rooms have been secured under SSOMS. HURRY!!!

LIABILITY AND INDEMNIFICATION: The sponsor 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 sponsor, his or her employees, or agents and the sponsor 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 sponsor included that caused by or resulting from the negligence of the Southeastern Society of Oral and Maxillofacial Surgeons, their directors, officers, staff and facility.

For further information call Melissa Connor at the SSOMS office, 770-271-0453 or 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 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.
Southeqstem 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 Corporatcn 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) _____

(Apply 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.

Social security number

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or

Employer identification number

5	8	-	1	3	0	5	4	1	3
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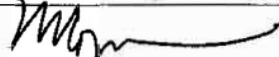
Part II Certification

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.

Sign Here

Signature of U.S. person ▶ 

Date ▶ 1/1/19

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.

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.