

Southwestern Society of Oral and Maxillofacial Surgeons

Annual Meeting

Casa Marina

April 22-26, 2020

Medication Related Osteonecrosis of the Jaws: Update 2020

Odontogenic Cysts and Tumors – Contemporary Surgical Management

Eric Carlson, DMD, MD

Patient Specific Implants in Reconstructive Surgery

Ballistic Injury & Penetrating Neck Trauma

David Powers, DMD, MD

Exhibitor Prospectus

Greetings from the President

Robert Pfeffe, DMD
President

Peter D. Waite, DDS, MD, MPH, FACS
President-Elect

Jeffrey Wallen, DDS
Vice President

Kim Swanson, DDS
Secretary Treasurer

Patrick Louis, DDS, MD
Executive Board

Stephen Maroda, Jr., DDS
Executive Board

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

J.W. (Hank) Holderfield
Executive Director



Robert Pfeffe, DMD

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 71st annual meeting which will be held April 22-26, 2020 at Casa Marina, Key West, FL.

Enclosed is information regarding the exhibitor and 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. Our brochure will be posted on our website later in the year.

Sincerely yours,

Bob Pfeffe, DMD

President
Southeastern Society of Oral and Maxillofacial Surgeons

2020 SSOMS SCHEDULE

Wednesday, April 22

1:00 - 5:00pm Registration
3:00 - 5:00pm First Board Meeting
3:00 - 5:00pm Examination Candidates Meeting
6:30 - 8:00pm Opening Reception for all on the beach
Dinner on your own

10:30 - 12:00pm

"Patient Specific Implants in Reconstructive Surgery"
David Powers, DMD, MD
Durham, NC

12:00pm

Lunch on your own

5:45 & 6:00pm

Trolleys and Trains Depart for Sunset Cruise

6:30 - 8:30pm

Sunset Cruise
Registration Required

Dinner on your own

Thursday, April 23

7:00 - 12:00pm Registration
7:00 - 8:00am Exhibits & Full Breakfast
8:00 - 10:00am ***"Medication Related Osteonecrosis of the Jaws – Update 2020"***
Eric Carlson, DMD, MD
Knoxville, TN
9:00 - 10:00am Spouse's Breakfast
Trolley to Lilly Pulitzer
10:00 - 10:30am Break & Exhibits
10:30 - 12:00pm First Business Session
12:00pm Lunch on your own
1:00 & 1:30pm Departures for Golf
2:00pm Golf Tournament Tee Off
6:30 - 7:30pm Reception for all
Dinner on your own

Saturday, April 25

7:00 - 12:00pm Registration
7:00 - 8:00am Exhibits & Full Breakfast
7:00 - 8:00am Past Presidents' Breakfast
7:00 - 8:00am Second Board Meeting
8:00 - 9:00am Yoga on the Beach
Registration Required
8:00 - 10:00am ***"Ballistic Injury & Penetrating Neck Trauma"***
David Powers, DMD, MD
Durham, NC
10:00 - 10:30am Break & Exhibits
10:30 - 12:00pm Second Business Session
12:00pm Lunch on your own
6:00 - 7:00pm President's Reception on the Beach
7:00 - 10:00pm President's Dinner
8:30 - 9:00pm Awards
Lifetime Achievement Award:
Warren Arrasmith, DMD
9:00 - 10:30pm Entertainment

Friday, April 24

7:00 - 12:00pm Registration
7:00 - 8:00am Exhibits & Full Breakfast
8:00 - 9:00am Yoga on the Beach
Registration Required
8:00 - 10:00am ***"Odontogenic Cysts and Tumors – Contemporary Surgical Management"***
Eric Carlson, DMD, MD
Knoxville, TN
10:00 - 10:30am Break & Exhibits

Sunday, April 26

Departures

Sponsorship Opportunities

\$2000

Opening Beach Reception Sponsorship (2 available)

- Recognition and signage and website
-

\$1000

Spouses Breakfast and Trip to Lilly Pulitzer Sponsorship

- Recognition and signage and website
-

\$1800

Golf Tournament Sponsorship (2 available)

- Your Team of 4 players
 - Recognition and signage and website
-

\$300

Golf Hole Sponsorship (18 available)

- Signage on the hole of your choice
 - Recognition on materials and website
-

\$1000

Thursday Reception Sponsorship (2 available)

- Recognition and signage and website
-

\$1000

Speaker Sponsorship: Dr. Eric Carlson (2 available)

- Recognition and signage and website
-

\$1000

Speaker Sponsorship: Dr. David Powers (2 available)

- Recognition and signage and website
-

\$1000

Friday Sunset Cruise Sponsorship (2 available)

- Sponsor your own boat! • Two Tickets for the Cruise
 - Recognition and Signage
-

\$2500

President's Reception and Dinner on the Beach Sponsorship (2 available)

- Recognition and signage and website
-

\$2000

Exhibitor

- 6ft table in the Exhibitor Hall with all Breakfasts and Breaks
- Recognition and signage and website

For immediate information contact, Melissa Connor at mconnor@pami.org.

SSOMS ANNUAL MEETING

April 22-26,2020

Casa Marina

Key West

Contract

Opening Beach Reception Sponsorship: \$2,000

Speaker Sponsorship: Carlson: \$2,000

Spouse Breakfast and Tour Sponsorship: \$1,000

Speaker Sponsorship: Powers: \$2,000

Golf Tournament Sponsorship: \$1,800

Friday Sunset Cruise Sponsorship: \$2,000

Golf Hole Sponsorship: \$300 which hole? _____

President's Reception and Dinner Sponsorship: \$2,000
(includes 4 dinner tickets to President's Dinner)

Thursday Reception Sponsorship: \$2,500

Exhibitor: \$2,000

FIRM: _____

ADDRESS: _____

Cell Phone: _____ Email: _____

PRODUCTS/SERVICES TO BE EXHIBITED: _____

NAMES FOR REGISTRATION BADGES:

1. _____ Email: _____

2. _____ Email: _____

3. _____ Email: _____

4. _____ 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 Casa Marina 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: _____

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

Pay By Check _____

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

For information contact, Melissa Connor at mconnor@pami.org

Conference Rules

EXHIBIT AREA: Located in the exhibit hall with 6ft tables, chairs, and access to electricity. All breakfasts and breaks will be held in the exhibit hall.

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. Click the link below and search for Casa Marina and then enter group code: **ZZSEO**

HURRY!!!

https://secure3.hilton.com/en_US/wa/reservation/book.htm?execution=e2s1

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.

EXHIBIT TIMES:

Set up: Wednesday 3-5

Display:

Thursday: 7-12

Friday: 7-12

Saturday: 7-12

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.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Southeastern 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 4850 Golden Parkway, Suite B-417	Requester's name and address (optional)
6 City, state, and ZIP code Buford, GA 30518	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
5	8	-	1	3	0	5	4	1	3

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 ▶ <u>1/1/20</u>
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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.

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.