

2024

Southeastern Society of Oral and Maxillofacial Surgeons

74TH ANNUAL MEETING

May 1 - May 5

THE CLOISTER: SEA ISLAND, GA



EXHIBITOR PROSPECTUS

GREETINGS FROM THE PRESIDENT

Jeffrey H. Wallen, DDS
President

Patrick Louis, DDS, MD
President-Elect

Stephen Maroda, Jr., DDS
Vice President

Vincent J. Perciaccante, DDS
Secretary / Treasurer

John Spann, DDS
Executive Board

Don Tillery, Jr., DMD
Executive Board

Kimberly S. Swanson, DDS
Immediate Past President

J.W. (Hank) Holderfield
Executive Director

Melissa Connor
Associate Executive Director

Sophie Harris
Director of Marketing & Design



Dear Fellow SSOMS Partners:

On behalf of the membership of the Southeastern Society of Oral and Maxillofacial Surgeons, I invite you to attend our 74th annual meeting which will be held **May 1-5** at The Cloister Resort and Spa in Sea Island, GA.

The Cloister is the only resort in the world to have received four Forbes Five-Star awards for 15 consecutive years. Perhaps most widely known for one of the resort's signature experiences—the state-of-the-art 17,000 square foot Sea Island Golf Performance Center and three 18-hole championship golf courses—the setting entices families, outdoor and activity enthusiasts, conferences and executive retreats, and those simply wanting to refresh and recharge with endless opportunities to play, explore, and relax. Activities include the Tennis Center, Forbes Five-Star Spa, Beach Club, Shooting School, turtle explorations, birding, horseback riding, boating, shelling, sailing, fishing, and kayaking, coastal habitat discovery, Camp Cloister for kids. These are just part of what draws guests back to Sea Island year after year, generation after generation.

During our scientific sessions, Dr. Robert Marx will present “Hot Topics in OMS,” “Oral Cancer and Reconstruction,” and “Minimally Invasive Facial Aesthetic Surgery.” Dr. G.E. Ghali will present “The JFK Assassination: Six Decades of Forensic Analysis.”

I look forward to seeing you on the coast at the beautiful Cloister.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey H. Wallen, DDS". The signature is written in a cursive, slightly slanted style.

Jeffrey H. Wallen, DDS
President, Southeastern Society of Oral and Maxillofacial Surgeons

SPONSORSHIP OPPORTUNITIES

\$2,512

Exhibit Table

Includes one 6 foot table in the exhibitor hall with all breakfasts and breaks.

BONUS SPONSORSHIPS*

You must purchase an exhibit table to be eligible for bonus sponsorships.

\$5,000

Hotel Key Card Sponsorship (1 available)

Includes custom key cards with company logo to be used by attendees.

\$5,000

Coffee Sleeve Sponsorship (1 available)

Includes custom coffee sleeves with company logo to be used during breakfast and breaks.

\$5,000

Thursday Cruise Reception Sponsorship (1 available)

Includes signage, recognition on website, custom cocktail napkins, and up to four reps in attendance.

\$2,500

President's Reception and Dinner Sponsorship (2 available)

Includes signage, recognition on website, and custom cocktail napkins.

\$2,000

Opening Reception Sponsorship (1 available)

Includes signage, recognition on website, and custom cocktail napkins.

\$1,800

Golf Tournament Sponsorship (18 available)

Includes your team of 4 players, signage and recognition on website.

\$1,000

Spouses' Program Sponsorship (1 available)

Includes signage and recognition on website.

\$1,000

Speaker Sponsorship: Dr. Robert Marx (1 available)

Includes signage and recognition on website.

\$1,000

Speaker Sponsorship: Dr. G.E. Ghali (1 available)

Includes signage and recognition on website.

\$300

Golf Hole Sponsorship (18 available)

Signage on the hole of your choice. Includes recognition on website.

REGISTER AND RESERVE

STEP 1: SELECT YOUR SPONSORSHIPS

- Exhibit Table: \$2,512
- Hotel Key Card Sponsorship: \$5,000
- Coffee Sleeve Sponsorship: \$5,000
- Thursday Cruise Reception Sponsorship: \$5,000
- President's Reception and Dinner Sponsorship: \$2,500
- Opening Reception Sponsorship: \$2,000
- Golf Tournament Sponsorship: \$1,800
- Spouses' Program Sponsorship: \$1,000
- Speaker Sponsorship: Dr. Robert Marx: \$1,000
- Speaker Sponsorship: Dr. G.E. Ghali: \$1,000
- Golf Hole Sponsorship: \$300

STEP 2: REGISTER YOUR COMPANY & RESERVE YOUR SPONSORSHIP

All sponsors and exhibitors must register for the meeting. There are two options available to complete this step.

OPTION 1: Register Online at bit.ly/SSOMS2024Exhibitors

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. All representatives are allowed to participate on all tours and events except the President's reception and Dinner. Only Sponsors of the President's Reception and Dinner are allowed to attend that event.

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

CONFERENCE RULES

ACCOMMODATIONS: Sponsors personnel are responsible for arranging their own hotel accommodations. A block of rooms have been secured under SSOMS. Click the link below to reserve your room: bit.ly/SSOMS2024Hotel

ROOM RATES:

Cloister Main Building & Beach Club: \$525 + tax/resort fees

Inn at Sea Island: \$205 + tax/resort fees

Special room rate for exhibitors and sponsors

SHIPPING INSTRUCTIONS:

Address all packages to the following:

Amei Prachthaus, Catering & Conference Services
ATTN: SSOMS 2024, (NAME OF EXHIBITOR) - 5/1-5/5
100 Cloister Drive | Sea Island, GA 31561

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 amount.

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.

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 exhibitor.

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

CODE OF CONDUCT: 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.

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, May 1: 3:00 pm - 5:00 pm

Display:

Thursday, May 2 - Friday, May 3: 7:00 am - 12:00 pm

Saturday, May 4: 7:00 am - 10:30 am

Breakdown begins on Saturday at 10:30am



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.
Southeastern Society of Oral and Maxillofacial Surgeons

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

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.

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:

- 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 ▶ *Melissa Connor* Date ▶ 01/01/2024

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.