

2025

Southeastern Society of Oral and Maxillofacial Surgeons

# 75<sup>TH</sup> ANNUAL MEETING

April 23 - April 27

**CASA MARINA: KEY WEST, FL**



**EXHIBITOR PROSPECTUS**

# GREETINGS FROM THE PRESIDENT

**Patrick Louis, DDS, MD**  
*President*

**Stephen Maroda, Jr., DDS**  
*President-Elect*

**Vincent J. Perciaccante, DDS**  
*Vice President*

**John Spann, DDS**  
*Secretary / Treasurer*

**Don Tillery, Jr., DMD**  
*Executive Board*

**James Henderson, DDS, MD**  
*Executive Board*

**Jeffrey H. Wallen, DDS**  
*Immediate Past President*

**J.W. (Hank) Holderfield**  
*Executive Director*

**Melissa Connor**  
*Associate Executive Director*



Dear Fellow SSOMS Partners:

On behalf of the membership of the Southeastern Society of Oral and Maxillofacial Surgeons, I invite you to attend our 75th annual meeting which will be held **April 23 - 27** at Casa Marina in Key West, FL.

A legendary landmark destination, Casa Marina embodies the elegance and character of Old Key West, where time passes at a leisurely pace. Enjoy sun-drenched days beckoning you to the largest private beach in Key West and historic spaces where romantic visions of the past become your present. New dining experiences allow guests to be truly immersed in the Key West Island experience. Choose the historic Flagler's ballroom and terrace, the vibrant Canary Room lobby bar, the elevated barista experience at Morrison's Market, and the beachfront sophistication of Dorada. Casa Marina has recently renovated all 311 guestrooms, including 63 suites and new beachfront patio suites to accentuate Key West's tropical allure. New modern amenities and artwork curated from some of Key West's most popular artists offer a relaxing, contemporary experience.

During our scientific sessions, Dr. Tara Aghaloo will present "Medical Optimization of the Oral and Maxillofacial Surgery Patient: A Surgeons' Perspective" and "Update on Complicated Implant Procedures and Treatment Alternatives." Dr. Teresa Biggerstaff will present "Nutritional Impact on Healing Following Oral and Maxillofacial Surgery." Dr. Rui Fernandez will present "Computer Assisted Surgery and Virtual Planning."

I look forward to seeing you in the Florida Keys at the beautiful Casa Marina.

Sincerely,

A handwritten signature in black ink that reads "P. Louis". The signature is fluid and cursive.

Patrick Louis, DDS, MD  
*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.*

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## 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

### Cruise Reception Sponsorship (1 available)

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

\$3,000

### President's Reception and Dinner Sponsorship (2 available)

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

\$3,000

### Opening Reception Sponsorship (1 available)

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

\$3,000

### Lanyard Sponsorship (1 available)

*Company logo and SSOMS logo on the conference lanyard.*

\$1,000

### Spouses' Program Sponsorship (1 available)

*Includes signage and 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
- Cruise Reception Sponsorship: \$5,000
- President's Reception and Dinner Sponsorship: \$3,000
- Opening Reception Sponsorship: \$3,000
- Lanyard Sponsorship: \$3,000
- Spouses' Program Sponsorship: \$1,000

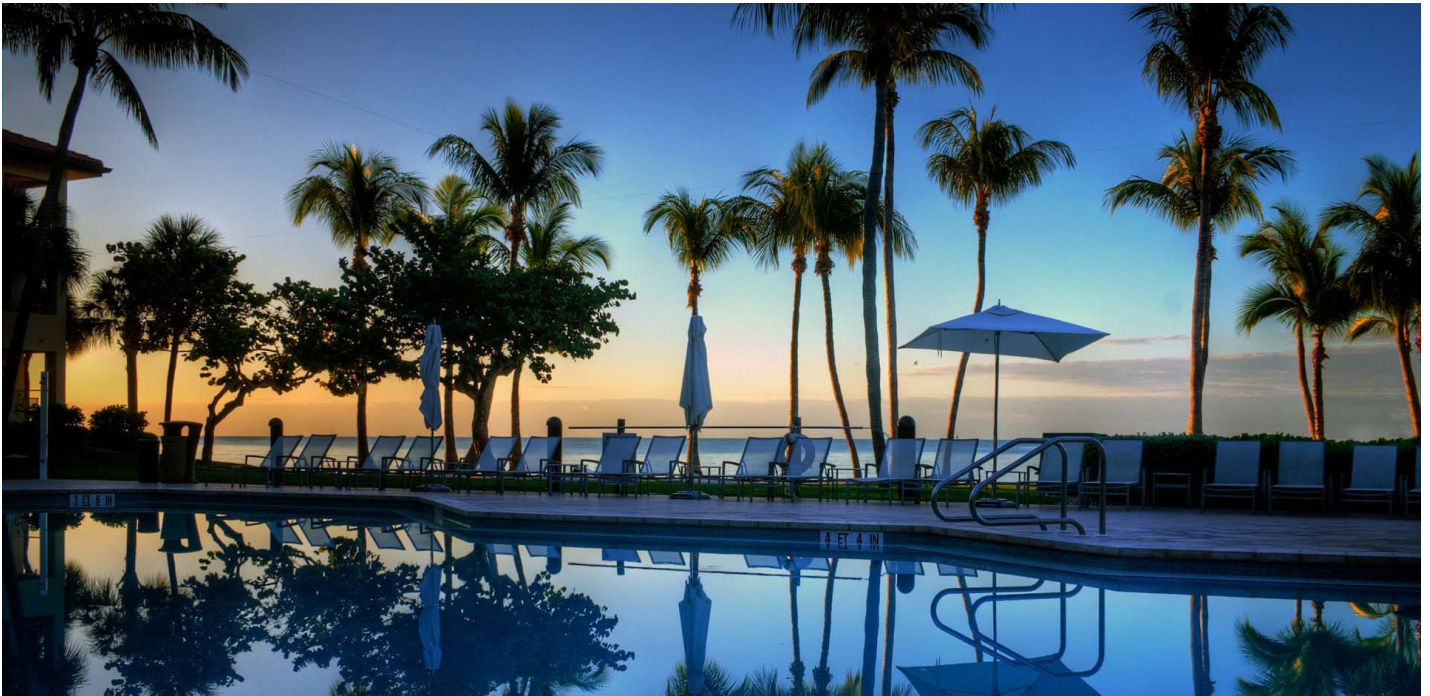
## STEP 2: REGISTER YOUR COMPANY & RESERVE YOUR SPONSORSHIP

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/SSOMS2025Exhibitors](https://bit.ly/SSOMS2025Exhibitors)

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](mailto: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/SSOMS2025Hotel](http://bit.ly/SSOMS2025Hotel)

**ROOM RATES:**

Our special rates begin at \$521/night + taxes and fees. The Casa Marina has many choices, so make sure you look at their website to see all available.

**SHIPPING INSTRUCTIONS:**

Address all packages to the following:

Mayrell Jakubowski, Complex Events Manager

**ATTN: SSOMS 2025, (NAME OF EXHIBITOR)- 4/23 - 4/27**

1500 Reynolds St | Key West, FL 33040

**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:

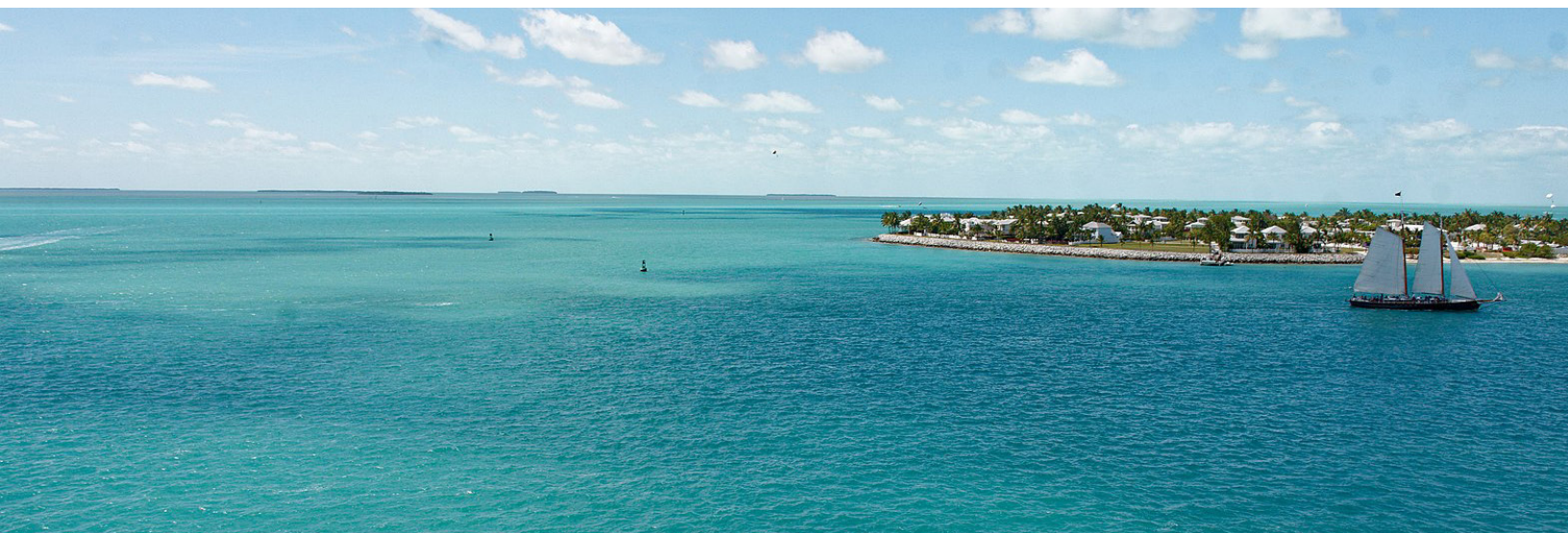
Wednesday, April 23: 3:00 pm - 5:00 pm

Display:

Thursday, April 24 - Friday, April 25: 7:00 am - 12:00 pm

Saturday, April 26: 7:00 am - 10:30 am

*Breakdown begins on Saturday at 10:30am*



# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

Print or type. See Specific Instructions on page 3.

<b>1</b> 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.) <b>Southeastern Society of Oral and Maxillofacial Surgeons</b>	
<b>2</b> Business name/disregarded entity name, if different from above. <b>SSOMS</b>	
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <small>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.</small> <input type="checkbox"/> Other (see instructions) _____	<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>
<b>3b</b> 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. <input type="checkbox"/>	
<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>4850 Golden Parkway, Suite B-417</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Buford, GA 30518</b>	
<b>7</b> 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.

<b>Social security number</b>	
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
OR	
<b>Employer identification number</b>	
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**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.

## 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.

<b>Sign Here</b>	Signature of U.S. person <i>Melissa Connor</i>	Date <i>1/1/2025</i>
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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](http://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