



**South Carolina Society of Oral
and Maxillofacial Surgeons**

2019 Annual Meeting

Exhibitor Prospectus

***Belmond Charleston Place Hotel
Charleston, SC
March 8-10, 2019***

Greetings from the President

Ann Holzhauer, DDS
President

Brian Cherry, DMD
Vice President

Martin Steed, DDS
Secretary Treasurer

Jeffrey Wallen, DDS
Immediate Past President

J.W. (Hank) Holderfield
Executive Director

On behalf of the membership of the South Carolina Society of Oral and Maxillofacial Surgeons, we invite you to exhibit at our upcoming meeting in 2019. The Annual Meeting will be held March 8-10 at the Belmond Charleston Place Hotel in Charleston, SC.

Our exhibit space contracts are included in this prospectus. Space is limited, so we urge you to respond early. More details are posted on our website at www.scsoms.org.

For additional information, please contact our Exhibit Coordinator, Vickie Bobo at vbobo@pami.org, or Executive Assistant, Brandi King at bking@pami.org or 770-271-0453 at any time.

Sincerely yours,

Ann

Ann Holzhauer, DDS
SCSOMS President



Please reserve the following:

- One Exhibitor Table: \$900* Friday Night Reception: \$500 Saturday Night Reception: \$500

*Includes 6' table(s) in the exhibit area with two representatives per exhibit table.

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 Belmont Charleston Place Hotel, 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 South Carolina 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=rqkbj>

Pay By Check _____ Check number OR

You must return the signed contract to our address with your check (if applicable) made payable to:
SCSOMS • 4850 Golden Parkway, Suite B-417 • Buford, Georgia 30518
770-271-0453 Phone/ 770.271.0634 Fax

ACCOMMODATIONS: Exhibit personnel are responsible for arranging their own hotel accommodations. We have a small block of rooms for the group for the nights of March 8th and March 9th. Room rate is \$360.00/night. Reservations can be made using the link:

<https://www.belmond.com/reservations/hotel-loading?productId=CPH&groupcode=190308SCSO>
or you may book directly with the Reservations Office by calling 800-831-3490 or via email at groupres.cph@belmond.com Deadline to reserve a room is **February 6, 2019** so DO NOT DELAY!!

For immediate information contact, Vickie Bobo, vbobo@pami.org or Executive Assistant Brandi King, bking@pami.org or 770-271-0453.

Agenda

Friday, March 8

6:00 - 7:00pm Reception
Dinner on your own

Saturday, March 9

7:15 - 8:00am Breakfast, Registration & Exhibits

8:00 - 9:00am ***Digital Implant Planning and Execution: From Simple to Complex***
Mark Ludlow
Assistant Professor, Director, Division of Implant Dentistry
Medical University of South Carolina

9:00 - 10:00am ***State of the Art in Maxillofacial Reconstruction***
Baber Khatib, DDS, MD
Assistant Professor, Department of Oral and Maxillofacial Surgery
Medical University of South Carolina

10:00 - 10:30am Break/Visit Exhibits

10:30 - 11:00am ***Intraoperative Maxillofacial Navigation: Indications and Techniques***
Kinon Lecholop, DMD
Assistant Professor and Residency Program Director
Department of Oral and Maxillofacial Surgery
Medical University of South Carolina

11:00am - 12:00pm ***Secondary or Late Correction of Maxillofacial Traumatic Injuries***
Alex Crisp, DMD
Chief Resident, Department of Oral and Maxillofacial Surgery
Medical University of South Carolina

Caleb Schadel, DDS
Department of Oral and Maxillofacial Surgery
Medical University of South Carolina

12:00 - 2:00pm Lunch & Business Session

6:00 - 7:00pm Reception
Dinner on your own

Sunday, March 10

7:15 - 8:00am Breakfast, Registration & Exhibits

8:00 - 10:00am ***OMSNIC Presentation - Patient Safety and Risk Management for the Oral & Maxillofacial Surgeon***
Marty Steed, DDS
Chair, Department of Oral and Maxillofacial Surgery
Medical University of South Carolina
Secretary/Treasurer, SCSOMS

10:00 - 10:30am Break/Visit Exhibits

10:30am - 12:30pm OMSNIC Presentation Continues

12:30pm Adjourn

Exhibition Rules

The South Carolina Society of Oral and Maxillofacial Surgeons invites you to exhibit at our 2019 meeting. In attendance will be approximately 40-50 oral surgeons who are customers or potential clients.

RENTAL FEE:

One Table: \$900.00 (Fee includes table, two chairs, a wastebasket and electricity).

EXHIBIT AREA:

Exhibits will be 6' draped table(s). Electrical service is included and other services may be obtained at the standard charge and will be arranged through the Society with the Belmond Charleston Place, but will be billed to you.

PAYMENT TERMS:

Space will not be confirmed without payment. Any exhibitor who contracts for a table must pay the full rent for it even if he does not occupy it for the full time.

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 Society 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.

DISPLAY HOURS:

Saturday, March 9: 7:15am-10:30am

Sunday, March 10: 7:15am-10:30am

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.

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 Society 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. We have a small block of rooms for the group for the nights of March 8th and March 9th. Room rate is \$360.00/night. Reservations can be made using the link:

<https://www.belmond.com/reservations/hotel-loading?productId=CPH&groupcode=I90308SCSO>

or you may book directly with the Reservations Office by calling 800-831-3490 or via email at groupres.cph@belmond.com Deadline to reserve a room is **February 6, 2019** so DO NOT DELAY!!

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 Society, 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 including that caused by or resulting from the negligence of the Society, their directors, officers, staff and facility.

For further information, call the SCSOMS office at 770-271-0453.

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. South Carolina 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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
	<input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Partnership
	<input checked="" type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Trust/estate
5 Address (number, street, and apt. or suite no.) See instructions. 4850 Golden Pkwy, Ste 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	
4 7 - 1 0 9 0 6 6 4	

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 ▶ 17 Jan 2019
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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-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.