2026

Middle Atlantic Society of Oral and Maxillofacial Surgeons

FALL MEETING

September 1, 2026

TURF VALLEY RESORT: ELLICOTT CITY, MD

EXHIBITOR PROSPECTUS

GREETINGS FROM THE PRESIDENT

The Middle Atlantic Society of Oral and Maxillofacial Surgeons is pleased to invite you to attend the 2026 Fall Meeting, which will be held on September 1 at the Turf Valley Resort in Ellicott City, Maryland.

We are excited to welcome Dr. Michael Block who will provide a lecture and discussion on "Foundations for Long Term Implants Success." We will end the meeting with an OMSNIC seminar "Specialized Risk Management and Claims Defense for OMS.

Our exhibit space contracts are included in this prospectus. Space is limited, so we urge you to respond early. The brochure will be posted shortly on our website at *www.masoms.org*.

Sincerely yours,

Cyrus

Cyrus Ramsey, DMD, MD
MASOMS President

Contact Melissa Connor, Associate Executive Director for more information:

770-271-0453 or mconnor@pami.org

HOW TO REGISTER AND RESERVE YOUR TABLE

STEP 1: SELECT YOUR SPONSORSHIPS

- ❏ **One Exhibitor Table: $1,000**
- ❏ **Lunch Sponsor: $500**
- ❏ **Breakfast Napkins and Coffee Sleeves: $1,000**
- ❏ **Afternoon Break Napkins: $600**

STEP 2: REGISTER YOUR COMPANY & RESERVE YOUR SPONSORSHIP

All sponsors and exhibitors must register for the meeting.

REGISTER ONLINE: ***https://masoms.wildapricot.org/event-6757462***

You can pay by credit card and/or check. ALL company representatives that will attend the meeting on the company's behalf must be registered.

By completing your online registration understand and agree to the conditions and rules provided. Exhibitor agrees to make no claims against the Society nor its members, agents, or employees of Turf Valley Resort for loss, theft, damage, or destruction of goods, nor for any injury to themselves 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 Middle Atlantic Society of Oral and Maxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

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.

SCHEDULE: SEPTEMBER 1, 2026

7:00 am - 8:00 am	Exhibitors Setup
8:00 am - 9:00 am	Registration and Breakfast with Exhibitors
9:00 am - 10:00 am	***"Foundations for Long Term Implant Success"*** Michael S. Block, DMD *LSU School of Dentistry* *New Orleans, LA*
10:00 am - 10:30 am	Break with Exhibitors
10:30 am - 12:30 pm	Session continues
12:30 pm - 1:30 pm	Lunch with Exhibitors
1:30 pm - 3:00 pm	Break with Exhibitors
3:30-5:30 pm	***OMSNIC Seminar: Specialized Risk Management and Claims Defense for OMS***

This program has been approved for 4.0 hours of Continuing Education Credit for Dr. Block and 3 hours for the OMSNIC session. In addition, OMSNIC policyholders will earn a 5% premium credit for the next three policy periods. You will receive a certificate at the end of the session.

NEED HELP? *If you are unable to register online or have questions about the contract, please contact Melissa Connor: Office: 770-271-0453; Email: mconnor@pami.org*

EXHIBITION INFORMATION

SETUP/ BREAKDOWN HOURS:
Set-up starts at 7:00 am
Breakdown starts at 3:30pm

DISPLAY HOURS:
8:00 am - 3:30 pm

SHIPPING:
Attn: Lisa Pearson, Senior Convention Services Manager
MASOMS Fall Meeting, September 1
2700 Turf Valley Rd, Ellicott City, MD 21042

ACCOMMODATIONS: Exhibit personnel are responsible for arranging their own hotel accommodations if needed.
Executive King Suite: $171.00 + tax
RESERVATIONS: ***www.TurfValley.com/reservations,*** input your dates, then under Group Code, enter ***28L4PW*** or ***410-465-1500***, option 3.

EXHIBIT AREA: Exhibits will be 6' draped table(s) with electricity. Other needed services may be obtained at the standard charge and will be arranged through the Society with the hotel, but will be billed to you.

PAYMENT TERMS: Space will not be confirmed without the signed contract. A signed contract guarantees MASOMS payment from the exhibitor. Any exhibitor who contracts for a table must pay the full rent for it even if they do not occupy it for the full time. If the exhibitor chooses not to attend at a later date, payment will not be refunded.

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 Middle Atlantic Society of Oral and Maxillofacial Surgeons 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.

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.

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

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 MASOMS 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.

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 Middle Atlantic 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 exhibitor included that caused by or resulting from the negligence of the Middle Atantic Society of Oral and Maxillofacial Surgeons, their directors, officers, staff and facility.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *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.

1 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.)

Middle Atlantic Society of Oral and Maxillofacial Surgeons

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

MASOMS

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☑ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

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.

☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b 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 ☐

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				

or

Employer identification number

5	2	-	1	6	1	1	7	5	9

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.

Sign Here | **Signature of U.S. person** Melissa Connor | **Date** 1/1/2026

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*.

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