

SPONSOR PROSPECTUS

AACMFS Annual Meeting: April 3-6, 2024

WORKSHOP:

Wednesday, April 3

PROGRAM:

Thursday - Saturday, April 4-6



*The Westin Nova Scotian
Halifax, Nova Scotia*

GREETINGS FROM THE PRESIDENT

Sean Edwards, DMD, MD
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President-Elect

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Martin Steed, DDS
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Manager

Melissa Connor
Assistant Manager

Kathi Davis
Educational Director

Sophie Harris
Director of Marketing & Design



Dear Sir or Madam:

On behalf of the membership of the American Academy of Craniomaxillofacial Surgeons, I invite you to be a sponsor and exhibit at our 2024 Scientific Annual Meeting. The meeting is scheduled for **April 3-6, 2024** and will be held at **The Westin Nova Scotian** in Halifax, Canada.

Enclosed is information regarding the exhibitor and sponsorship opportunities and a contract which should be returned as soon as possible.

If you need additional information or if we can clarify any of the above for you, please do not hesitate to contact our Assistant Manager, Melissa Connor at mconnor@pami.org.

Sincerely yours,

Sean

Sean Edwards, DMD, MD

President, American Academy of Craniomaxillofacial Surgeons

For more information, contact Melissa Connor, Assistant Manager:
Office: 770-271-0452; Email: mconnor@pami.org

SPONSORSHIP OPPORTUNITIES

\$18,016

Presidential Sponsorship

- Exhibit booth space including 2 6-foot tables, electrical access, chairs
- Up to 6 company representatives to host the exhibit
- Meeting syllabus & access to banquet services during the scientific meeting
- Recognition of support in the syllabus and on event signage
- Attendance at Scientific Education Meeting
- One on one presentation to the AACMFS Board of Directors
- Up to 4 company representatives to attend the President's Dinner

Only 8 available, so reserve now!

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\$5,016

Exhibit Table

- Includes 1 6-foot table for display
 - Does NOT include attendance to receptions or dinners
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BONUS OPPORTUNITIES (ANNUAL MEETING SPONSORSHIP REQUIRED):

\$10,000

Wednesday Preconference Workshop Reception

\$10,000

Saturday Presidential Dinner Sponsorship

\$9,000

Thursday Opening Reception Sponsorship

\$7,500

Napkin and Coffee Sleeve Sponsorship with Company Logo

\$5,000

Thursday Lunch Sponsorship

\$5,000

Friday Lunch Sponsorship

\$5,000

Hotel Key Cards with Advertising

REGISTER AND RESERVE

STEP 1: SELECT YOUR SPONSORSHIPS

- Presidential Sponsorship: \$18,016
- Exhibit Table Only: \$5,016
- Preconference Reception Sponsorship: \$10,000
- President's Dinner Sponsorship: \$10,000
- Opening Reception Sponsorship: \$9,000
- Thursday Lunch Sponsorship: \$5,000
- Friday Lunch Sponsorship: \$5,000
- Hotel Key Card Sponsorship: \$5,000
- Napkin and Coffee Sleeve Sponsorship: \$7,500

STEP 2: REGISTER YOUR COMPANY & RESERVE YOUR SPONSORSHIP

All sponsors and exhibitors must register for the meeting.

Register Online at <https://bit.ly/AACMFSExhibitors2024>

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.

By completing your online registration understand and agree to the conditions and rules provided. Exhibitor agrees to make no claims against the Academy nor its members, agents, or employees of The Carolina Inn 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 Academy will return any and all payments made by exhibitors. In the event of such cancellation for reasons beyond the control of the Academy, the American Academy of Craniomaxillofacial Surgeons shall not be held liable for any expenses or losses incurred by exhibitors.

AUTHORIZED SIGNATURE: _____ DATE: _____

Print signature: _____

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.

CONFERENCE RULES

ACCOMMODATIONS: Sponsors personnel are responsible for arranging their own hotel accommodations. A block of rooms has been secured under AACMFS at The Westin Nova Scotian. Reserve at this link: <https://bit.ly/AACMFS2024Hotel>

SHIPPING INSTRUCTIONS:

Address all packages to the following:

c/o Westin Nova Scotian Hotel
1181 Hollis Street
Halifax, NS B3H 2P6
Hold for: AACMFS 2024 Meeting, April 3-6
Box(es) _____ of _____ (multiple boxes MUST be numbered)
Viola Kelvey, Convention Services Manager

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 AACMFS 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 AACMFS 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 AACMFS 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 exhibitor.

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 AACMFS will not be liable for music played as part of an exhibit under licensing rules of BMI or ASCAP.

LIABILITY AND INDEMNIFICATION: 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 AACMFS, 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 AACMFS, their directors, officers, staff and facility.

EXHIBIT TIMES:

Set up:
Wednesday, April 2: 1:00 – 5:00pm

Display:
Thursday, Friday, Saturday: 7:00am - 5:00pm

Breakdown:
Saturday: 5:00pm



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.
American Academy of Craniomaxillofacial Surgeons

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

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.
48 50Golden Parkway, Suite B-418

6 City, state, and ZIP code
Buford, GA 30518

7 List account number(s) here (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									
4	6	-	1	1	5	2	9	8	0

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 ▶ <i>Melissa Connor</i>	Date ▶ 01/01/24
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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.