

# SPONSOR PROSPECTUS

AACMFS Annual Meeting  
April 23 - 26, 2026



Hyatt Regency  
Bellevue, WA

# GREETINGS FROM THE PRESIDENT

**Jasjit Dillon, MBBS, DDS**  
*President*

**Zachary Peacock, DMD, MD**  
*President-Elect*

**Donita Dyalram, DDS, MD**  
*Treasurer*

**Mike Jaskolka, DDS, MD**  
*Secretary*

**John Caccamese, DMD, MD**  
*Immediate Past President*

**Nicholas Callahan, DMD, MD, MPH**  
*At-Large*

**Shahid Aziz, DMD, MD, FACS**  
**Michael Markeiwicz, DDS, MD, MPH**  
**Shelly Abramowicz, DMD, MPH**  
**Anthony Morlandt, DDS, MD, FACS**  
**Simon Young, DDS, MD, PhD, FACS**  
*Trustees*

**Brent Ward, DDS, MD**  
*Executive Director*

**Melissa Connor**  
*Manager*

**Kathi Davis**  
*Educational Director*



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 2026 Scientific Annual Meeting. The meeting is scheduled for **April 23-26, 2026** and will be held at the **Hyatt Regency** in Bellevue, WA.

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 Manager, Melissa Connor at [mconnor@pami.org](mailto:mconnor@pami.org).

Sincerely yours,

Jas

**Jasjit Dillon, MBBS, DDS**  
*President, American Academy of Craniomaxillofacial Surgeons*

*For more information, contact Melissa Connor at 770-271-0452 or [mconnor@pami.org](mailto:mconnor@pami.org).*



# SPONSORSHIP OPPORTUNITIES

**\$20,000**

## **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!**

**\$8,016**

## **Exhibit Table**

- Includes 1 6-foot table for display
- Does NOT include attendance to receptions or dinners

## **BONUS OPPORTUNITIES (ANNUAL MEETING EXHIBIT TABLE REQUIRED):**

- \$10,000**      **Wednesday Preconference Workshop and Reception Sponsorship**
- \$10,000**      **Thursday Opening Reception Sponsorship**
- \$5,000**      **Thursday Lunch Sponsorship**
- \$5,000**      **Friday Lunch Sponsorship**
- \$7,500**      **Friday Reception Sponsorship**
- \$5,000**      **Saturday Lunch Sponsorship**
- ~~**\$10,000**~~      ~~**Saturday President's Reception Sponsorship**~~ **SOLD**
- \$5,000**      **Hotel Key Cards with Company Logo**
- \$5,000**      **Napkin and Coffee Sleeve Sponsorship with Company Logo**
- \$5,000**      **Conference Lanyards with Company Logo**

# SCHEDULE OF EVENTS

## WEDNESDAY, APRIL 22

- 8:00am – Noon Board Meeting  
12:00 – 1:00pm Lunch for Preconference Attendees ONLY
- 1:00 – 5:00pm **PRECONFERENCE WORKSHOP  
Conflict Resolution**  
(no charge to attend)

## THURSDAY, APRIL 23

- 7:00 – 8:00am Breakfast with Exhibitors
- 7:45am **Welcome and Opening Remarks**  
*Jasjit Dillon, MBBS, DDS*
- 8:00 – 9:00am **KEYNOTE - “Advances in Digital  
Technology for the Elimination of  
Oral Cancer”**  
*Moni A. Kuriakose, MD, FDSRCS, FFDRCS,  
FRCSEd, FRCS, BDS*
- 9:00am – Noon **ABSTRACTS - HEAD AND NECK  
ONCOLOGY**
- Noon – 1:00pm Lunch with Exhibitors
- 1:00 – 4:30pm **ABSTRACTS - PEDIATRIC,  
CRANIOFACIAL, AND ORTHOGNATHIC  
SURGERY**
- 6:00 – 8:00pm Opening Reception  
*Business Casual*

## FRIDAY, APRIL 24

- 7:00 – 8:00am Breakfast with Exhibitors
- 8:00 – 9:00am **KEYNOTE - “Our Calling”**  
*Ronald V. Maier, MD, FACS*
- 8:30am – Noon **ABSTRACTS - EDUCATION, TRAINING,  
AND RESEARCH**
- Noon – 1:00pm Lunch with Exhibitors
- 1:00 – 4:30pm **ABSTRACTS - CRANIOMAXILLOFACIAL  
RECONSTRUCTION**
- 6:00 – 8:00pm Reception  
*Business Casual*

## SATURDAY, APRIL 25

- 7:00 – 8:00am Breakfast with Exhibitors
- 8:00 – 8:15am **Supporting the Foundation**  
*John Caccamese, DMD, MD*
- 8:15 – 11:00am ABSTRACTS - TRAUMA**
- 11:00am – 12:00pm Business Meeting
- 6:00 – 10:00pm President’s Gala at the Chihuly Museum  
*Black Tie*

## KEYNOTE SPEAKERS

### **Moni A. Kuriakose, MD, FDSRCS, FFDRCS, FRCSEd, FRCS, BDS** *Co-Founder, Medical Director and CEO, Karkinos Kerala Visiting Professor, Roswell Park Comprehensive Cancer Center*

Dr. Moni Abraham Kuriakose is an internationally renowned surgical oncologist and researcher specializing in head and neck oncology. He has served as Director of Surgical Oncology and the Mazumdar Shaw Centre for Translational Research at Narayana Health City, Bangalore, and previously held senior positions at Amrita Institute of Medical Sciences, New York University, and Roswell Park Cancer Institute, where he is currently a Visiting Professor. His expertise spans advanced head and neck cancer management, skull-base surgery, 3D surgical planning, and functional reconstruction. His research focuses on oral cancer stem cells, targeted prevention, and novel technologies for early detection. Dr. Kuriakose has authored over 200 peer-reviewed publications and five international patents. He is the author of Contemporary Oral Oncology, Editor-in-Chief of Oral Cancer (Springer Nature), President-Elect of the International Academy of Oral Oncology (IAOO), and Past President of the Foundation for Head and Neck Oncology (FHNO).

### **Ronald V. Maier, MD, FACS** *Surgeon-in-Chief, Harborview Medical Center University of Washington School of Medicine*

Ronald V. Maier, MD, FACS, is surgeon-in-chief of Harborview Medical Center. Dr. Maier is vice-chair of Surgery at the UW and the Jane and Donald D. Trunkey Professor of Trauma Surgery. He is listed in The Best Doctors in America. Dr. Maier believes in providing the best cutting-edge care for both elective operations and critically ill surgical patients. His goal is to provide exceptional care without exception. Dr. Maier earned his M.D. from Duke University. He is an expert in trauma care, emergency surgery and critical care. He conducts research on clinical approaches to improve survival after severe injuries and life-threatening surgical illness. He is a fellow of the American College of Surgeons and is board certified in Surgery and Surgical Critical Care. He has chaired the American Board of Surgeons and the NIH Study Section for Surgery, Anesthesiology and Trauma.

# REGISTER AND RESERVE

## STEP 1: SELECT YOUR SPONSORSHIPS

- Presidential Sponsorship: \$20,000
- Exhibit Table Only: \$8,016
- Wednesday Preconference Workshop and Reception Sponsorship: \$10,000
- Thursday Opening Reception Sponsorship: \$10,000
- Thursday Lunch Sponsorship: \$5,000
- Friday Lunch Sponsorship: \$5,000
- Friday Reception Sponsorship: \$7,500
- Saturday Lunch Sponsorship: \$5,000
- Saturday President's Dinner Sponsorship: ~~\$10,000~~
- Hotel Key Card Sponsorship: \$5,000
- Napkin and Coffee Sleeve Sponsorship: \$5,000
- Conference Lanyard Sponsorship: \$5,000

---

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

All sponsors and exhibitors must register for the meeting.

Register Online at <https://bit.ly/AACMFS-2026-Exhibitors>

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 Hyatt Regency 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.*

**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.



# EXHIBITOR TERMS OF AGREEMENT

## EXHIBIT TIMES:

Set up:

Wednesday: 1:00 – 5:00pm

Display:

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

Breakdown:

Saturday: 5:00pm

**ACCOMMODATIONS:** Sponsors personnel are responsible for arranging their own hotel accommodations. A block of rooms has been secured under AACMFS at the Hyatt Regency Bellevue.

Reserve at this link: <https://bit.ly/AACMFS-2026-Hotel>

## SHIPPING INSTRUCTIONS:

Address all packages to the following:

ATTN: YOUR NAME & Hold for Arrival (4/23/2026)

Hyatt Regency Bellevue

900 Bellevue Way NE

Bellevue, WA 98004

**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. Please consider your exhibit space needs carefully and communicate your reservation information to all concerned. In the event that display units shipped exceed the dimensions of the contracted space, and/or interfere with neighbouring exhibits, AACMFS reserves the right to refuse such units. If such units are accommodated, the applicable fee for a larger space will be assessed.

**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:** Subsequent correspondence about your company's involvement will be directed to the individual(s) signing the reservation form(s). Please provide, with your reservation form, the contact information for exhibit setup details, if other than the signing representative. Include full name, company, mailing address and e-mail address. If alternative contacts are not provided, we assume that the signing representative will ensure all necessary information is communicated to any third parties involved.

In administering the trade show portion of the conference, AACMFS adheres to the Rx&D Code of Conduct and applies it to all exhibitors unless expressly exempted. In particular, please note the following:

## Rx&D Code of Conduct (excerpts 1)

16.2.1 For the purpose of this Code, a Clinical Evaluation Package (or CEP) is: a package containing a limited quantity of a pharmaceutical product sufficient to evaluate clinical response, distributed to authorized Health Care Professionals through different methods of distribution, free of charge, for patient treatment.

16.3.4 Giving out CEPs at convention/clinic displays, business meeting and event or at learning programs is prohibited.

11.2.1 At least one qualified representative of the Member must be on site during conference hours.

11.2.2 Promotional and educational material available at the display must be consistent with the approved product monograph(s). Reprints of scientific and medical papers may be distributed at the display, provided they are reprinted verbatim, and are not presented in a manner which differs in any way from the approved product monograph(s).

15.1.2 Members may distribute acceptable service-oriented items to Stakeholders. Reasonable service-oriented items are defined as items whose primary goal is to enhance the Health Care professional understanding of a condition or its treatment or Stakeholders to better perform their professional activities. Items intended for distribution to patients via a Health Care Professional must be useful as aids to patients' understanding of, or adaptation to, their condition(s) or for encouraging adherence with recommended therapy. Such items may bear the corporate name and logo of the Member Company, but must not bear the name of any product.2

1 Excerpt from the RX&D Code of Conduct (Revised July 2016) <http://www.canadapharma.org/commitment-to-ethics/with-healthcare-professionals/code-of-ethical-practices>

2 See CODE OF CONDUCT, P 35 for some examples of SOIs that have been consistently ruled by the Industry Practices Review Committee (IPRC) to be in contravention of the Code. These include items such as pens, post-it notes, notepads, mouse pads.

Each exhibitor is entitled to have a maximum of two representatives in the exhibit room at a time. For the purpose of this policy a "representative" is any company employee or agent. Rotation of staffing duties is quite acceptable, but all representatives must sign in and wear name badges provided by AACMFS.

Exhibitors agree to abide by the conditions published in this prospectus. Exhibitors further accept responsibility for informing their employees, suppliers or agents, and temporary staff, involved with their exhibit activities of these.

**CODE OF CONDUCT (continued):** 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.

# 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.

**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.)  
**American Academy of Craniomaxillofacial Surgeons**

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

**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) \_\_\_\_\_

**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 \_\_\_\_\_

**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.)*

**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)

## 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.

**Social security number**

			-						
--	--	--	---	--	--	--	--	--	--

OR

**Employer identification number**

4	6	-	1	1	5	2	9	8	0
---	---	---	---	---	---	---	---	---	---

**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:

- 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 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](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