

THE POWER OF AGE EXPO 2024

2024 ADDENDUM B



SPECIAL EVENT APPLICATION - HEALTH SCREENINGS

Please remit this application with your signed contract to: sponsorBCDA@baltimorecountymd.gov Please confirm receipt.

When Offering a Health Screening at The Power of Age Expo 2024, please complete and return this application with your Expo contract. This addendum is required. **BCDA MUST** approve all screenings offered at Expo. Vendors without approval may **NOT** provide a screening of any type.

Business Name: _____ Date: _____

Name/Title: _____

Booth Requested: _____ Email: _____

Mailing Address: _____

Phone: _____ Mobile Phone: _____

Health Services you would like to offer at Expo:

Description of process involved with screening:

For clinical trials, please provide your IRB#: _____

How will participants receive result? _____

Will their Medicare or other insurance be billed? **Yes** **No**

I, _____, understand that I am only allowed to offer screenings as detailed in this document and failure to abide by this agreement could result in my participation termination without financial reimbursement, Further, I agree that I am responsible to add the following statement on my participant forms which are signed by all participants:

No liability may inure to Baltimore County, the Baltimore County Department of Aging, its agents, employees or directors, as a result of goods or services, including but not limited to health screenings provided by exhibitors to attendees of the Expo.

Signature: _____ Date: _____

For office use only. Approved Not Approved

Reason for denial: _____