

Baltimore County Department of Aging  
**THE POWER OF AGE EXPO 2025**  
**ADDENDUM B**



**SPECIAL EVENTS APPLICATION -  
 HEALTH SCREENINGS**

**To offer health screenings at the Power of Age Expo, please complete and return this application with your contract. This addendum is required. BCDA MUST approve all services offered. Vendors without approval may NOT provide a screening of any type.**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Description of process involved with the screening including the level of education/training of the personnel (CNA, LPN, PhD, NP, etc.):**

**Outline how collected Protected Health Information (PHI) will be secured throughout event and during transport.**

**For trials, please provide your IRB#: \_\_\_\_\_**

**How will participants receive their results?**

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

**I understand that I am only allowed to offer the service 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, MD, the Baltimore County Department of Aging, its agents, employees or directors, as a result of goods or services provided by exhibitors to attendees of the event.”*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remit this application with your signed contract to: [sponsorBCDA@baltimorecountymd.gov](mailto:sponsorBCDA@baltimorecountymd.gov)

<i>For office use only.</i>	Approved	Not Approved
Reason for denial: _____		
_____		

