

Baltimore County Department of Aging
THE POWER OF AGE EXPO 2026
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

For office use only. Approved Not Approved

Reason for denial: _____
