



Howard County Office on Aging and Independence Showcase

2026 OAI Showcase

Join the Howard County Office on Aging and Independence for our 2026 OAI Showcase—a premier community event celebrating Older Americans Month. This year's theme, Your Circle of Connection, highlights the vital importance of expanding social and support networks to strengthen emotional well-being and lifelong wellness throughout every stage of life.

As a sponsor or exhibitor, your organization will be at the heart of this vibrant community gathering that brings together older adults, caregivers, community partners, and local residents.



Connect with 600+ Attendees

Engage directly with older adults, caregivers, and families seeking information and resources.



Extensive Marketing

Countywide promotion through social media, newsletters, constant contact, and in-mall advertising.

MAY 1

**10 AM - 2 PM
THE MALL IN
COLUMBIA**



Community Alignment

Associate your brand with healthy aging, community engagement and social connectedness.

Event Highlights

- Live fitness demonstration class
- Inspiring keynote speaker
- Live entertainment performances
- Interactive exhibitor tables and activities

Partner Testimonials

“

What a great event! Creating a space and time for the community to come together — interactive, good vibes, fun and informative presentations.

“

We LOVED being a part of the event and felt that it really promoted meaningful conversations with community members.



Howard County Office on Aging and Independence Showcase

2026 OAI SHOWCASE: SPONSORSHIPS

The Office on Aging and Independence welcomes sponsors that align with our mission to serve and inform the 50+ community of Howard County. This event will be held at the Mall in Columbia (upper and lower-level center court). We expect more than 600 attendees at the event on May 1, 2026.

PLATINUM LEVEL (limited to one)

KEYNOTE SPEAKER SPONSOR -- \$6,000

Benefits:

- *Sponsor logo on event advertising placed on county-wide government building monitors*
- *Sponsor logo on the OAI Showcase promotional flier, event poster and website event*
- *Opportunity to add a promotional giveaway to the attendee bags (400)*
- *Interactive exhibitor booth*
- *Opportunity to provide 15-minute presentation on event stage*
- *Opportunity to provide logo placement on the main stage*
- *Promotional mention in the April editions of the Ball Bulletin, 50+ Connection newsletter, the OAI digital newsletter*
- *Social media kit to post about the event*
- *Thank you post on DCRS Facebook, IG and X platforms @hococommunity*

SOLD OUT

GOLD LEVEL (limited to one)

ENTERTAINMENT SPONSOR -- \$4,500

Benefits:

- *Opportunity to provide logo placement on the main stage*
- *Opportunity to add a promotional giveaway to the attendee bags (400)*
- *Interactive exhibitor booth*
- *Sponsor logo on event advertising placed on county-wide government building monitors*
- *Sponsor logo on promotional flier, event poster and website event*
- *Promotional mention in the April editions of the Ball Bulletin, 50+ Connection newsletter, the OAI digital newsletter*

- *Social media kit to post about the event*
- *Thank you post on DCRS Facebook, IG and X platforms @hococommunity*

SILVER LEVEL (limited to one sponsor per category)

SHOWCASE TOTE BAG SPONSOR -- \$3,000

Sponsor logo to be printed on attendee tote bag (as approved and purchased by the Office on Aging and Independence) provided to every attendee upon entrance.

Benefits:

SOLD OUT

- *Line listing on the OAI Showcase promotional flier, event poster and website event and post-event thank-you ad*
- *Social media kit to post about the event*
- *Thank you post on DCRS Facebook, IG and X platforms @hococommunity*

SHOWCASE GIVEAWAY SPONSOR -- \$3,000

400 branded items (as approved and purchased by the Office on Aging and Independence) as giveaways (imprinted with sponsor logo and another provided by the Office on Aging and Independence); and sponsor promotional materials provided for inclusion in attendee tote bags.

Benefits:

- *Line listing on the OAI Showcase promotional flier, event poster and website event and post-event thank-you ad*
- *Social media kit to post about the event*
- *Tagged thank you post on DCRS Facebook, IG and X platforms @hococommunity*

SHOWCASE T-SHIRT SPONSOR -- \$3,000

Sponsor logo to be printed on staff and volunteer shirts (as approved and purchased by the Office on Aging and Independence).

Benefits:

- *Line listing on promotional flier, event poster and website event and post-event thank-you ad*
- *Social media kit to post about the event*
- *Thank you post on DCRS Facebook, IG and X platforms @hococommunity*

PLEASE NOTE

- Payment is requested with registration; however, if forms are emailed, please contact David Irwin 410-313-0395 to process a credit card payment (2.4% processing fee applies). If paying by check, payment must be made within 30 days of registration date.

CONTACT: **Martha Gagné, Age-Friendly Division Manager, 410-313-6537, mgagne@howardcountymd.gov**
Dave Irwin, Administrative Support, 410-313-0395, dirwin@howardcountymd.gov



2026 OAI SHOWCASE EXHIBITOR REGISTRATION RATES

The Office on Aging and Independence (OAI) Showcase: Your Circle of Connection is providing exhibitors opportunities to meet and greet the community, introducing them to the fabric of support we can offer. This event will be held at the Mall in Columbia (upper and lower-level center court). We expect more than 600 attendees at the event on May 1, 2026. **This year's theme is social connection. OAI is looking for exhibitors who offer products and services for older adults and/or adults with disabilities. Exhibitors are encouraged to have an interactive booth.**

EXHIBITOR PACKAGE

The exhibitor package includes an exhibit booth, one 72" X 30" covered & skirted table, a trashcan, and two chairs.

EXHIBIT FLOOR - LOWER (MAIN) LEVEL **Only 1 spot left!**

- \$500 (\$400 *non-profit rate is available on a limited basis to organizations with annual budgets of \$3 million or less.*)

EXHIBIT FLOOR - UPPER LEVEL **Only 2 spots left!**

- \$400 (\$300 *non-profit rate is available on a limited basis to organizations with annual budgets of \$3 million or less.*)

PLEASE NOTE

- Payment is requested with registration; however, if forms are emailed, please contact David Irwin 410-313-0395 to process a credit card payment (2.4% processing fee applies). If paying by check, payment must be made within 30 days of registration date.
- **Exhibitors are placed in order of applications received within category.** Exhibitors are notified if another company of the same name registers, giving precedence to the exhibitor which registered first.
- The Office on Aging and Independence reserves the right to deny rental of exhibitor space.

For more information contact:

Martha Gagné, Age-Friendly Division Manager 410-313-6537, mgagne@howardcountymd.gov

Dave Irwin, Administrative Support, dirwin@howardcountymd.gov



Howard County Office on Aging and Independence Showcase

OAI Showcase

May 1, 2026
10:00 a.m. – 2:00 p.m.
The Mall in Columbia

TO SECURE REGISTRATION
Payment must be received
within 30 days of
registration. Unpaid
registrations will not be
honored beyond 30 days.

Major credit cards accepted
Contact Dave Irwin at
410-313-0395 for CC payments
**2.4% processing fee will apply*

Make CHECKS payable to:
Director of Finance,
Howard County

MAIL OR EMAIL PAGES 1, 2 & 3:
OAI Showcase 2026
Howard County Office on Aging and
Independence
9830 Patuxent Woods Dr.
Columbia, MD 21046

Dave Irwin
410-313-0395
dirwin@howardcountymd.gov

Office Use Only

Application received _____

Payment received _____

Check # _____

Credit Card Payment _____

Booth# _____

2026 SPONSOR REGISTRATION FORM

FORMAL BUSINESS/ORGANIZATION NAME:

EXHIBITOR NAME: (ALL CAPS ONLY for booth signage & publicity)

Contact Person: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Describe organization's product or service: _____

The Office on Aging and Independence (OAI)
will be limiting exhibitors in certain categories.

OAI will review all registration forms
and reserves the right to deny any exhibitor.

PLEASE CHECK 2026 SPONSOR CATEGORY:

PLATINUM LEVEL (limited to one sponsor per category)

- Keynote Speaker Sponsor -- \$6,000

GOLD LEVEL (limited to one sponsor per category)

- Entertainment Sponsor -- \$4,500

SILVER LEVEL (limited to one sponsor per category)

- Showcase Tote Bag Sponsor -- \$3,000
- Showcase Giveaway Sponsor -- \$3,000
- T-Shirt Sponsor -- \$3,000

This section for Platinum and Gold Sponsors only.

ELECTRICAL REQUEST: (for booths only)

YES NO (Limited # available; exhibitor provides its own extension cord)

INSURANCE REQUIRED: (see details below)

INSURANCE REQUIRED for exhibitors:

- a)** General Liability Insurance in the amount of \$1 million, combined single limit per occurrence, naming "Howard County, MD, its elected and appointed officials, officers, employees and authorized volunteers", as Additional Insured.
- b)** Workers' Compensation Insurance for exhibitor's employees.
- c)** Automobile Liability Insurance, in the amount of \$1 million combined single limit per occurrence. (Not required if vehicles will not be used for the Event.)
- d)** Medical Malpractice or Professional Liability Insurance for any medical screening or treatment services (\$1,000,000 standard occurrence; \$3,000,000 aggregate). ** All shots must be administered by a registered health professional (e.g. LPN, RN, Physician's Assistant, etc.).

HOWARD COUNTY, MARYLAND

EXHIBITOR/PERFORMER AGREEMENT for OAI Showcase 2026

Exhibitor/Performer hereby makes application to participate in "OAI Showcase: Your Circle of Connection" (The Event) sponsored by the Howard County Office on Aging and Independence, May 1, 2026. Exhibitor/Performer understands and agrees to abide by all rules and regulations of the Howard County Government.

By taking part in OAI Showcase, Howard County is not insuring you or your organization for this event. You and/or your organization are completely responsible for damages or injuries that occur to any persons or property whatsoever as a result of your participation in the event, including but not limited to the exhibit itself. You must have adequate insurance for your participation in the event. Notwithstanding insurance maintained, Exhibitor/Performer agrees to be financially responsible for any and all damage or injury to persons or property caused by its vehicles, property, employees, contractors, agents, or volunteers anywhere on the property, including during set-up and removal of exhibits.

You must understand and practice sound safety procedures for your activities including proper supervision of all staff and activities and proper set up and take down of exhibits.

Exhibitor/Performer agrees to indemnify and hold harmless Howard County, Maryland and its respective officers, employees, agents, and volunteers, from and against any and all liability or claims for damages of any kind, arising from Exhibitor/Performer's participation in the event.

See Addendum A. –Exhibitor Policy and Procedures

Name of Exhibitor/Performer/Organization

Name and Title of Person Responsible

Address	City	State	Zip Code
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Date _____

Signature of person responsible and authorized to enter into this Agreement on behalf of Exhibitor

Telephone Number(s)	E-Mail
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INSURANCE REQUIRED for exhibitors:

- a) **General Liability Insurance** in the amount of \$1 million, combined single limit per occurrence, naming "Howard County, MD, its elected and appointed officials, officers, employees and authorized volunteers", as Additional Insured.
- b) **Workers' Compensation Insurance** for exhibitor's employees.
- c) **Automobile Liability Insurance**, in the amount of \$1 million combined single limit per occurrence. (Not required if vehicles will not be used for the Event.)
- d) **Medical Malpractice or Professional Liability Insurance** for any medical screening or treatment services (\$1,000,000 standard occurrence; \$3,000,000 aggregate). ** All shots must be administered by a registered health professional (e.g. LPN, RN, Physician's Assistant, etc.).

PLEASE EMAIL TO DIRWIN@HOWARDCOUNTYMD.GOV

ADDENDUM A.
HOWARD COUNTY, MARYLAND

**EXHIBITOR/SPONSOR
POLICY AND PROCEDURES
OAI Showcase 2026**

1. The Office on Aging and Independence reserves the right to deny space to any exhibitor.
2. All registration fees are non-refundable unless the exhibit space is re-sold in advance of the event date. If the exhibit space is re-sold, there will be a 25% cancellation charge taken from the registration fee.
3. In the case of an event no-show where there is insufficient notification, the exhibitor may be prohibited from participation in future shows sponsored by the Office on Aging and Independence.
4. The Office on Aging and Independence enforces a strict policy prohibiting any person from soliciting payment for products or services, or distributing promotional materials, brochures, business cards, etc. anywhere on site (inside or outside the building) other than from an exhibit booth.
5. The exhibitor shall be substantially present at the exhibit space for the duration of the event hours from 10:00 a.m. to 2:00 p.m. and shall have qualified, experienced, and responsible staff available at all times.
6. Exhibitor set-up takes place the day of the event from 8:30 a.m. – 9:30 a.m. Exhibitors MUST check in before 9:00 a.m. Set-up must be completed by 9:30 a.m. prior to the start of the event. **Late arrivals risk losing their exhibit space.**
7. Break-down: All exhibits cannot be dismantled before 2:00 p.m. Exhibit breakdown begins promptly at 2:00 p.m. A \$200 fee will be charged for dismantling and departure prior to 2:00 p.m.
8. The exhibitor shall be liable for delivery/ handling, set-up and removal of his/her own displays and materials. Nothing shall be nailed, stapled or otherwise fixed to the drapes, walls, floors/ or any part of the exhibit space.
9. Parking: Office on Aging and Independence staff and volunteers will be on hand to assist as necessary. Once unloaded, exhibitors MUST move their vehicles to the designated parking lots.
10. Exhibitors are not eligible to win any Office on Aging and Independence raffle prizes given at the event.
11. Health Regulations: If serving food or attending as a pre-approved caterer/demonstrator at the event, a Temporary Food Establishment License from Howard County Health Department is required. A copy of the license must be on file with the Office on Aging and Independence before the event. The exhibitor/caterer/demonstrator must comply with all Health Department Regulations.
12. If for any reason OAI determines to cancel or terminate the OAI Showcase event, registration fees will be refunded in full.

Brookfield Properties

EXHIBIT C CONTRACTOR HOLD HARMLESS AGREEMENT

The undersigned,

("Contractor"), in connection with the _____ (the "Shopping Center") during the Event Term specified in that certain Event Agreement dated _____ by and between the Owner that has executed this Agreement ("Owner") and Howard County Office on Aging and Independence ("Organizer") will indemnify, protect, defend and hold harmless Owner, Owner's parent companies, subsidiaries and affiliates, and their respective employees, officers, members, partners and directors, ("Indemnified Parties") from and against any and all claims, damages, actions, liabilities and expenses, including, without limitation, reasonable attorneys' fees and court costs arising from or in connection with the acts or omissions of the undersigned, its officers, agents, partners, affiliates, contractors, or employees (collectively "Contractor Parties") in connection with the Event and/or the presence of Contractor Parties at the Shopping Center. Contractor waives any claim against any and all of the Indemnified Parties for any damage to Contractor's property while at the Shopping Center.

Contractor: _____
Name: _____
Date: _____
If a corporation
By: _____
Signature: _____



Howard County Office on Aging and Independence Showcase

OAI Showcase

May 1, 2026

10:00 a.m. – 2:00 p.m.

The Mall in Columbia

TO SECURE REGISTRATION

Payment must be received within 30 days of registration. Unpaid registrations will not be honored beyond 30 days.

Major credit cards accepted

Contact Dave Irwin at
410-313-0395 for CC payments

**2.4% processing fee will apply*

Make CHECKS payable to:

**Director of Finance,
Howard County**

MAIL OR EMAIL PAGES 1, 2 & 3:

OAI Showcase 2026
Howard County Office on Aging and Independence
9830 Patuxent Woods Dr.
Columbia, MD 21046

Dave Irwin
410-313-0395
dirwin@howardcountymd.gov

Office Use Only

Application received _____

Payment received _____

Check # _____

Credit Card Payment _____

Booth# _____

2026 EXHIBITOR REGISTRATION FORM

FORMAL BUSINESS/ORGANIZATION NAME:

EXHIBITOR NAME: (ALL CAPS ONLY for booth signage & publicity)

Contact Person: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Describe organization's product or service: _____

The Office on Aging and Independence (OAI)
will be limiting exhibitors in certain categories.

OAI will review all registration forms
and reserves the right to deny any exhibitor.

PLEASE CHECK 2026 EXHIBITOR CATEGORY:

EXHIBIT MAIN FLOOR

FOR PROFIT

- \$500 (\$400 non-profit rate is available on a limited basis to organizations with annual budgets of \$3 million or less.)

EXHIBIT UPPER LEVEL

FOR PROFIT

- \$400 (\$300 non-profit rate is available on a limited basis to organizations with annual budgets of \$3 million or less.)

ELECTRICAL REQUEST: (for booths only)

YES

NO (Limited # available; exhibitor provides its own extension cord)

INSURANCE REQUIRED: (see details below)

INSURANCE REQUIRED for all exhibitors. Please see specifics below:

- a) **General Liability Insurance** in the amount of \$1 million, combined single limit per occurrence, naming "Howard County, MD, its elected and appointed officials, officers, employees and authorized volunteers", as Additional Insured.
- b) **Workers' Compensation Insurance** for exhibitor's employees.
- c) **Automobile Liability Insurance**, in the amount of \$1 million combined single limit per occurrence. (Not required if vehicles will not be used for the Event.)
- d) **Medical Malpractice or Professional Liability Insurance** for any medical screening or treatment services (\$1,000,000 standard occurrence; \$3,000,000 aggregate). ** All shots must be administered by a registered health professional (e.g. LPN, RN, Physician's Assistant, etc.).

TOTAL FEES: \$_____

HOWARD COUNTY, MARYLAND

EXHIBITOR/PERFORMER AGREEMENT for OAI Showcase 2026

Exhibitor/Performer hereby makes application to participate in "OAI Showcase: Your Circle of Connection" (The Event) sponsored by the Howard County Department of Community Resources and Services on May 1, 2026. Exhibitor/Performer understands and agrees to abide by all rules and regulations of the Howard County Government.

By taking part in OAI Showcase, Howard County is not insuring you or your organization for this event. You and/or your organization are completely responsible for damages or injuries that occur to any persons or property whatsoever as a result of your participation in the event, including but not limited to the exhibit itself. You must have adequate insurance for your participation in the event. Notwithstanding insurance maintained, Exhibitor/Performer agrees to be financially responsible for any and all damage or injury to persons or property caused by its vehicles, property, employees, contractors, agents, or volunteers anywhere on the property, including during set-up and removal of exhibits.

You must understand and practice sound safety procedures for your activities including proper supervision of all staff and activities and proper set up and take down of exhibits.

Exhibitor/Performer agrees to indemnify and hold harmless Howard County, Maryland and its respective officers, employees, agents, and volunteers, from and against any and all liability or claims for damages of any kind, arising from Exhibitor/Performer's participation in the event.

See Addendum A. –Exhibitor Policy and Procedures

Name of Exhibitor/Performer/Organization

Name and Title of Person Responsible

Address	City	State	Zip Code
			Date _____

Signature of person responsible and authorized to enter into this Agreement on behalf of Exhibitor

Telephone Number(s)	E-Mail
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INSURANCE REQUIRED for exhibitors:

- a) **General Liability Insurance** in the amount of \$1 million, combined single limit per occurrence, naming "Howard County, MD, its elected and appointed officials, officers, employees and authorized volunteers", as Additional Insured.
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ADDENDUM A.
HOWARD COUNTY, MARYLAND

EXHIBITOR POLICY AND PROCEDURES OAI Showcase 2026

1. The Office on Aging and Independence reserves the right to deny space to any exhibitor.
2. All registration fees are non-refundable unless the exhibit space is re-sold in advance of the event date. If the exhibit space is re-sold, there will be a 25% cancellation charge taken from the registration fee.
3. In the case of an event no-show where there is insufficient notification, the exhibitor may be prohibited from participation in future shows sponsored by the Office on Aging and Independence.
4. The Office on Aging and Independence enforces a strict policy prohibiting any person from soliciting payment for products or services, or distributing promotional materials, brochures, business cards, etc. anywhere on site (inside or outside the building) other than from an exhibit booth.
5. The exhibitor shall be substantially present at the exhibit space for the duration of the event hours from 10:00 a.m. to 2:00 p.m. and shall have qualified, experienced, and responsible staff available at all times.
6. Exhibitor set-up takes place the day of the event from 8:30 a.m. – 9:30 a.m. Exhibitors MUST check in before 9:00 a.m. Set-up must be completed by 9:30 a.m. prior to the start of the event. **Late arrivals risk losing their exhibit space.**
7. Break-down: All exhibits cannot be dismantled before 2:00 p.m. Exhibit breakdown begins promptly at 2:00 p.m. A \$200 fee will be charged for dismantling and departure prior to 2:00 p.m.
8. The exhibitor shall be liable for delivery/ handling, set-up and removal of his/her own displays and materials. Nothing shall be nailed, stapled or otherwise fixed to the drapes, walls, floors/ or any part of the exhibit space.
9. Parking: Office on Aging and Independence staff and volunteers will be on hand to assist as necessary. Once unloaded, exhibitors MUST move their vehicles to the designated parking lots.
10. Exhibitors are not eligible to win any Office on Aging and Independence raffle prizes given at the event.
11. Health Regulations: If serving food or attending as a pre-approved caterer/demonstrator at the event, a Temporary Food Establishment License from Howard County Health Department is required. A copy of the license must be on file with the Office on Aging and Independence before the event. The exhibitor/caterer/demonstrator must comply with all Health Department Regulations.
12. If for any reason OAI determines to cancel or terminate the OAI Showcase event, registration fees will be refunded in full.

Brookfield Properties

EXHIBIT C CONTRACTOR HOLD HARMLESS AGREEMENT

The undersigned,

("Contractor"), in connection with the _____ (the "Shopping Center") during the Event Term specified in that certain Event Agreement dated _____ by and between the Owner that has executed this Agreement ("Owner") and Howard County Office on Aging and Independence ("Organizer") will indemnify, protect, defend and hold harmless Owner, Owner's parent companies, subsidiaries and affiliates, and their respective employees, officers, members, partners and directors, ("Indemnified Parties") from and against any and all claims, damages, actions, liabilities and expenses, including, without limitation, reasonable attorneys' fees and court costs arising from or in connection with the acts or omissions of the undersigned, its officers, agents, partners, affiliates, contractors, or employees (collectively "Contractor Parties") in connection with the Event and/or the presence of Contractor Parties at the Shopping Center. Contractor waives any claim against any and all of the Indemnified Parties for any damage to Contractor's property while at the Shopping Center.

Contractor: _____
Name: _____
Date: _____
If a corporation _____
By: _____
Signature: _____