

## South Carolina Academy of Nutrition and Dietetics 2025 Annual Meeting

## March 27-28, 2025

## **Marriott North Charleston**

The 2025 SCAND Annual Meeting will be a one-and-a-half-day event with informative speakers, exhibitors, poster sessions and networking opportunities for all RDs, NDTRs, and students! Please visit the website for more information.

Name:			Academy Member #:				
Email:			Credentials:				
Organization:		Mair	Area of Practio	e:			
Mailing Address:							
Telephone:	none:			Dietary Requests:			
We will be organizing a <b>loca</b> organizing donated food item 11AM. More details will be to & from the hotel.	ms, on the mor	rning before t	ne meeting - Th	ursday, March	27 from 9AM-		
Would you like to attend & participate at this optional event? Yes No Maybe							
Early bird registration must be postmarked or paid online by February 22, 2025							
RATES							
FULL CONFERENCE SCAND Member Non-Member	Early Bird \$150* \$250*	After Februa \$185* \$285*	•	Lunch is not included on Thursday.			
Student/Retiree Supporter Member	\$75 \$187*	\$90 \$213*					
ONE DAY RATES							
Thursday, March 27			Friday, March 28				
SCAND Member	Early Bird \$70*	After Februa \$80*	ary 22	Early Bird \$125*	After February 22 \$150*		
Non-Member Student/Retiree	\$100* \$35	\$125* \$55		\$185* \$70	\$200* \$85		
Supporter Member	\$75*	\$94*		\$139*	\$150*		
Registration fees include all	activities/brea	ks/meals for t	he day registere	ed. Lunch is no	t offered on Thursday.		

PO Box 1763 | Columbia, SC 29202 | www.eatrrightsc.org | eatrightsc@capconsc.com | 803.255-7223

\* Subtract \$25 for acceptance of submitted abstracts (non-student/non-retiree)



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Name:				
Please indicate your registration choice:		Full Conference	Thursday, March 27	7 Friday, March 28
Please consider making a monet	ary donat	ion to the AND Scho	larship Foundation and	the Amy Joye Fund.
Donation	\$		_	
Total DUE	\$		_	
*Minus Discount (if applicable)	\$		_ (if submitted abstract	t has been accepted)
AMOUNT DUE	\$		_	
Please send a check to the addr	ess below	or use the attached	l credit card authorizati	on form.
Credit card Information	Visa	MasterCard	Discover	American Express
Amount to charge:				
Card Number:				
Expiration Date:				
Security Code:				
Name of the card holder:				
Billing address:				
Billing Zip code:				
Signature:				
A 3% CC convenience fee will be	added to (	all transactions.		
Send form to: SCAND, P. O. Box	: 1763, Col	umbia, SC 29202		

**REFUND POLICY:** All cancellations must be received in writing. Cancellations prior to February 28, 2025, will receive a full refund, less a \$50 administrative fee. No refunds will be accepted after February 28, but substitutions are allowed.

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