



South Carolina Academy of Nutrition and Dietetics 2027 Annual Meeting March 4-5, 2027 Hyatt Regency, Greenville

The 2027 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: _____

Mailing Address: _____

Telephone: _____ Dietary Requests: _____

☐ Please check here if SCAND may release your email to SCAND sponsors of the Annual Meeting.

Early bird registration must be postmarked or paid online by January 15, 2027

RATES

FULL CONFERENCE	Early Bird	After January 15
SCAND Member	\$175*	\$215*
Non-Member	\$290*	\$330*
Student/Retiree	\$90	\$100
Supporter Member	\$218*	\$245*

ONE DAY RATES

THURSDAY, MARCH 4	Early Bird	After January 15
SCAND Member	\$85*	\$95*
Non-Member	\$120*	\$150*
Student/Retiree	\$50	\$65
Supporter Member	\$86*	\$110*

FRIDAY, MARCH 5	Early Bird	After January 15
SCAND Member	\$145*	\$175*
Non-Member	\$225*	\$250*
Student/Retiree	\$80	\$100
Supporter Member	\$160*	\$175*

Registration fees include all activities/breaks/meals for the day registered. **Lunch is not offered on Thursday.**

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

South Carolina Academy of Nutrition and Dietetics 2027 Annual Meeting

Name: _____

Please indicate your registration choice:

☐

Full Conference

☐

Thursday, March 4

☐

Friday, March 5

Support a Student's Attendance! Help make the SCAND Annual Meeting more accessible to future dietitians by contributing toward a student's registration. Student registration costs range from \$50–\$100, and every donation, big or small, helps create opportunities for students to learn, connect, and grow professionally.

Total: \$ _____

Student Sponsorship \$ _____

*Minus Discount (if applicable): \$ _____ (if submitted abstract has been accepted)

AMOUNT DUE: \$ _____

Please send a check to the address below or complete the credit card information. Credit card fee is 3.5%.

Credit Card Information:

☐

Visa

☐

Mastercard

☐

Discover

☐

American Express

Amount to Charge: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Name of the Cardholder: _____

Billing Address: _____

Billing Zip Code: _____

Signature: _____

Send form to: SCAND, P.O. Box 1763, Columbia, SC 29202

Fax: (803) 252-0589 | eatrightsc@capconsc.com

REFUND POLICY: All cancellations must be received in writing. Cancellations prior to February 1, 2027, will receive a full refund, less a \$50 administrative fee. No refunds will be accepted after February 1, but substitutions are allowed.