

**South Carolina Academy of Nutrition and Dietetics
2024 Annual Meeting
Date: Thursday, April 4 – Friday, April 5, 2024
Greenville, South Carolina**

SPEAKER PROPOSAL FORM

Thank you for your interest in speaking at the SCAND 2024 Annual Meeting to take place at the Embassy Suites by Hilton Greenville Golf Resort and Conference Center! We are pleased to present this year's conference theme: ***Trending Topics in Nutrition and Dietetics***. With our partners, we are excited to further the mission of nutrition professionals and SCAND members throughout the state.

Guidelines

- **All forms must be submitted by November 3, 2023.**
- Late and/or incomplete proposals will not be considered.
- Sponsored speakers/sessions will be considered, but the content must be educational and not commercial.
- If the speaker is not sponsored, SCAND can provide an honorarium of \$200, complimentary registration to the annual meeting including CEUs for the sessions attended.
- We do not provide travel reimbursement.
- Please do not make any commitments prior to SCAND session approval.
- Please complete one form per session.
- Email your completed form(s) to Jessie Hoffman, Annual Meeting Chair at eatrightsc@capconsc.com. This form may also be completed online by [clicking here](#). Thank you for your interest!

Speaker Information:

Name	
Credentials	
Agency	
Address	
City, State Zip	
Phone	
Email Address:	
Website, Social Media Info if Relevant	

Speaker bio (brief):

--

Concentration Area (please mark the main area of concentration):

<input type="checkbox"/> Business/Industry	<input type="checkbox"/> Education	<input type="checkbox"/> School Nutrition
<input type="checkbox"/> Clinical	<input type="checkbox"/> Food and Nutr Management	<input type="checkbox"/> Sports Nutrition
<input type="checkbox"/> Communication/Publication	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Weight Management
<input type="checkbox"/> Community	<input type="checkbox"/> Leadership	<input type="checkbox"/> Wellness/Prevention
<input type="checkbox"/> Private Practice	<input type="checkbox"/> Long Term Care	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Renal	
<input type="checkbox"/> Inclusion, Diversity, Equity & Access	<input type="checkbox"/> Research	

Title of Presentation:

Session Description: Limit to 1 paragraph. This will be posted on the website.

Preferred Session Time and Format:

Sessions are typically one hour in length. Please briefly describe the preferred amount of time and format (e.g., 1 hour interactive; 45 minute presentation plus 15 minutes Q&A; lecture, interactive, hands-on)

Learning Outcomes: One sentence per outcome. Participants will:

1.	
2.	
3.	

Performance Indicator Codes:

Learning Level (if applicable): _____ (Level I: Assumes that the participant has little, or no prior knowledge of the area(s) covered. Level II: Assumes that the participant has general knowledge of the literature and professional practice within the area(s) covered. Level III: Assumes that the participant has thorough knowledge of the literature and professional practice within the area(s) covered)



Has the speaker presented this topic previously? ___ Yes ___ No

If yes, describe speaker's experience with the subject material:

--

Speaker expenses:

_ There are no anticipated expenses involved with this presentation

OR

_ Requested honorarium: \$	
----------------------------	--

OR

_ I would like to donate my SCAND honorarium of \$200 back to SCAND

Sponsorship: Will you have a sponsorship for this proposed presentation?

_ YES	_ NO
-------	------

Have you had sponsorship for this proposed presentation in the past?

_ YES	_ NO
-------	------

If so, please provide that organization's contact information:

Company/Agency:	
Address:	
City:	
State/Zip:	
Contact person:	
Phone:	
Fax:	
Email Address:	

Thank you for submitting a session proposal. We look forward to reviewing it!
