# South Carolina Academy of Nutrition and Dietetics

**Annual Meeting – April 5, 2019**

Brookland Banquet and Conference Center  
1066 Sunset Blvd. | West Columbia, SC 29169

**DIRECTIONS:**

* Complete and submit a form for each abstract submission.
* **Refer to “SCAND 2019 Call for Abstracts for Poster Presentations” for abstract submission guidelines and follow the directions carefully**
* Email your completed form (saved as word document- see submission guidelines) **with your abstract** (saved as a word document- see submission guidelines) by: **March 8, 2019** to: [eatrightsc@capconsc.com](mailto:eatrightsc@capconsc.com)

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| **ABSTRACT SUBMISSION FORM- TO BE COMPLETED BY PRESENTER/CORRESPONDING AUTHOR** | | | | | | | | |
| First Name, Middle Initial, Last Name and Credentials (EXACTLY as you wish it to be printed) | | |  | | | | | |
| Street Address |  | | | | | | Apartment/Unit # |  |
| City |  | | | State |  | | ZIP | |
| Phone (include area code) |  | | | E-mail Address | |  | | |
| Fax |  | | | | | | | |
| **IF YOU ARE A STUDENT- PLEASE COMPLETE THE FOLLOWING** | | | | | | | | |
| Name of College or University You Attend | |  | | | | | | |
| Program Concentration | |  | | | | | | |
| **Student Status (check box)**  Graduate □ Undergraduate □ | | **If Undergraduate- check year in program**  Freshman □ Sophomore □ Junior □ Senior □ | | | | | | |
| University or College Address | |  | | | | | | |
| Full Name and Credentials of Faculty Advisor or Faculty Mentor | |  | | | | | | |
| Email Address of Advisor/Mentor | |  | | | | | | |
| Daytime Phone of Advisor/Mentor | |  | | | | | | |

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