



SOCIETY OF FETAL MEDICINE

# SFM FetalNeurocon 2024

International Fetal Neurology Congress  
Society of Fetal Medicine

9<sup>th</sup>, 10<sup>th</sup> & 11<sup>th</sup> August, 2024

The Leela Ambience Hotel & Residences, Gurugram, Delhi NCR, India

Title Prof/ Dr/ Mr/ Ms \_\_\_\_\_ SFM Membership No. \_\_\_\_\_ Gender: Male  Female  Others

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Institution / Affiliation \_\_\_\_\_

Correspondence Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_

Pin Code \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

(All the above fields are mandatory)

## Conference Registration

Category	First 100 Registrations	101 to 250 Registrations	251 Registrations Onward
SFM MEMBER	<del>INR 16400</del> <input type="checkbox"/>	INR 18900 <input type="checkbox"/>	INR 21400 <input type="checkbox"/>
NON MEMBER	<del>INR 19350</del> <input type="checkbox"/>	INR 21850 <input type="checkbox"/>	INR 24700 <input type="checkbox"/>
PG STUDENT		INR 16400 <input type="checkbox"/>	
ACCOMPANYING PERSON		INR 16400 <input type="checkbox"/>	

Student Need to Submit Bonafide Certificate from HOD  
Accompanying Person Entitled for Food Coupons Only

The above fees is inclusive of 18% GST

Accompanying Person Name: \_\_\_\_\_

### REGISTRATION INCLUSIONS

- Access to Scientific Sessions
- Access to the Exhibition Area
- Lunch & Tea/Coffee (9<sup>th</sup> - 11<sup>th</sup> Aug)
- Dinner (9<sup>th</sup> & 10<sup>th</sup> Aug)
- Conference Kit
- Certificate of Participation

### Mode of Payments

1. **Draft/Cheque** To be made in favor of "Society of Fetal Medicine" payable at New Delhi

2. **Bank Transfer Details**

**Account Holder Name:** Society of Fetal Medicine

**Account No.:** 91111010002044

**Bank Name:** Canara Bank

**IFSC Code:** CNRB0019111

**Branch Name:** Canara Bank, Sir Gangaram Hospital, Rajinder Nagar, New Delhi-110060

**Note:** \*Kindly email us the bank deposit slip / UTR number, along with the filled Registration Form once you have made the payment.

### Cancellation Policy

- Cancellation till 15<sup>th</sup> April : Full Refund
- Cancellation till 15<sup>th</sup> June : 70% Refund.
- Cancellation till 15<sup>th</sup> July : 50% Refund.
- Cancellation from 16<sup>th</sup> July Onwards: No Refund
- All refunds will be made after the Congress.

Please send Registration Form along with cheque / draft at Conference Secretariat address as below

### Conference Secretariat

Society of Fetal Medicine  
C - 584, Defence Colony,  
New Delhi - 110024  
Contact No.: +91 9312227181

SCAN QR TO REGISTER ONLINE



### Conference Manager

**Mr. Vikas Sharma**  
**Conferences International**  
B-220/2, 2nd Floor,  
Opposite Kali Masjid, Savitri Nagar  
New Delhi - 110017  
M: +91-9999216837  
Email: fetalneurocon@gmail.com



[www.fetalneurocon.com](http://www.fetalneurocon.com)

REGISTRATION FORM

