



SFM FetalNeurocon 2024

International Fetal Neurology Congress Society of Fetal Medicine

SOCIETY OF
FETAL MEDICINE

9th, 10th & 11th 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 | INR 16400 <input type="checkbox"/> | INR 18900 <input type="checkbox"/> | INR 21400 <input type="checkbox"/> |
| NON MEMBER | INR 20500 <input type="checkbox"/> | INR 23600 <input type="checkbox"/> | INR 26700 <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 (9th - 11th Aug)
- Dinner (9th & 10th 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 15th April : Full Refund
- Cancellation till 15th June : 70% Refund.
- Cancellation till 15th July : 50% Refund.
- Cancellation from 16th 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

REGISTRATION FORM

