

# Annual Meeting of SFM Kerala Chapter

Date: 27<sup>th</sup> & 28<sup>th</sup> October, 2018  
Hotel Apollo Dimora, Trivandrum



## Registration Form

Title Prof/ Dr/ Mr/ Ms \_\_\_\_\_ Gender : Male  Female

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

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

Please tick the appropriate checkbox

(All the above fields are mandatory)

Category		
	3D/4D Simulator Workshop	Conference
SFM Member	INR 1500 <input type="checkbox"/>	INR 1500 <input type="checkbox"/>
Non SFM Member	INR 1800 <input type="checkbox"/>	INR 1800 <input type="checkbox"/>
PG Student	INR 1500 <input type="checkbox"/>	INR 1500 <input type="checkbox"/>
Spot	INR 2500 <input type="checkbox"/>	INR 2500 <input type="checkbox"/>

The above fees is inclusive of 18% GST

### Mode of Payment

1) Cheque / DD in favour of: " Society of Fetal Medicine " payable at New Delhi

Cheque / Draft No.  Total Amount

2) To Register Online Log on to [www.societyoffetalmedicine.org](http://www.societyoffetalmedicine.org)

Please send Registration Form along with  
cheque / draft at the following address



Mr. Vikas Sharma  
Conferences International  
B-220/2, 2nd Floor,  
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M: +91-9560493999  
Email: [drmeenubatra@yahoo.com](mailto:drmeenubatra@yahoo.com)

