



SFM FetalNeurocon 2024

International Fetal Neurology Congress
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	Early Bird Registration	Regular Registrations	Late/On-Spot Registration
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

Accompanying Person Name: _____

REGISTRATION INCLUSIONS

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

Single Day Registration

Category	9th August	10th August	11th August
SFM MEMBER	INR 8000 <input type="checkbox"/>	INR 10000 <input type="checkbox"/>	INR 6000 <input type="checkbox"/>
NON MEMBER	INR 10000 <input type="checkbox"/>	INR 12500 <input type="checkbox"/>	INR 7500 <input type="checkbox"/>

The above fees is inclusive of 18% GST

Note: No Conference Kit for Single Day Registration

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

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

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