



# SFM FetalBasicon2025

## The Annual International Conference of Society of Fetal Medicine

1st - 3rd August, 2025

SOCIETY OF FETAL MEDICINE

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	Super Early Bird First 50 Registrations	Early Bird 51 to 150 Registrations	Regular 151 to 380 Registrations	Late & Onspot 381 Onwards
SFM MEMBER	INR 16800 <input type="checkbox"/>	INR 18800 <input type="checkbox"/>	INR 20300 <input type="checkbox"/>	INR 21800 <input type="checkbox"/>
NON MEMBER	INR 21000 <input type="checkbox"/>	INR 23500 <input type="checkbox"/>	INR 25400 <input type="checkbox"/>	INR 27300 <input type="checkbox"/>
PG STUDENT	INR 16800 <input type="checkbox"/>	INR 18000 <input type="checkbox"/>		INR 20000 <input type="checkbox"/>
ACCOMPANYING PERSON	INR 16800 <input type="checkbox"/>	INR 18000 <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 (1st - 3rd Aug)
- Dinner (1st & 2nd 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

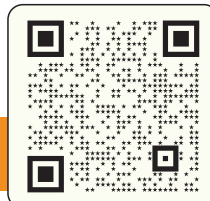
- Cancellation till 15th April 2025 : Full Refund
- From 15th April 2025 - 15 May 2025 : 50% Refund
- From 16th May 2025 - 30th June 2025: 30% Refund
- Cancellations after 1st July 2025: No Refund
- All refunds will be made after the Congress.

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



Registration is Mandatory for Abstract Submission

### Conference Manager

Mr. Vikas Sharma

Conferences International

B-220/2, 2nd Floor,  
Opposite Kali Masjid, Savitri Nagar  
New Delhi - 110017

M: +91-9999216837

Email: fetalbasicon2025@gmail.com



www.fetalbasicon.com

REGISTRATION FORM

