

Society of Fetal Medicine Madhya Pradesh Chapter Annual Conference 2024



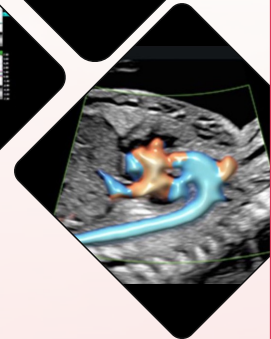
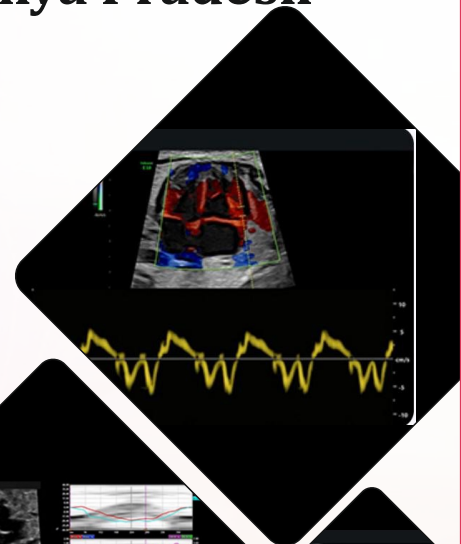
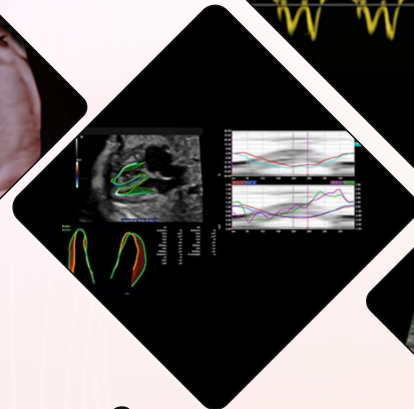
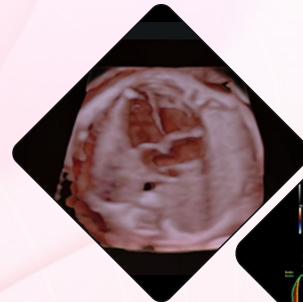
SOCIETY OF
FETAL MEDICINE

Fetal Echocardiography Little Hearts Ki Badi Pathshala

Sayaji Hotels, Vijay Nagar, Indore, Madhya Pradesh

Register
Now!

8th & 9th
June, 2024



Program Highlights

- STIC Simplified
- Heterotaxy without Tear
- Chamber Discrepancy
- Overriding Aorta: Solving the Conundrum & other Common & Uncommon Cardiac Conditions



[Click Here to Register](#)

For More Information Email us at
sfmsecretariat2017@gmail.com | chhabra.gurdeep@gmail.com

Call/Whatsapp

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or Mr. Vishal Mittal: +91 9312227181

www.societyoffetalmedicine.org

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FETAL MEDICINE

Fetal Echocardiography Little Hearts Ki Badi Pathshala

8th & 9th June, 2024 | Sayaji Hotels, Vijay Nagar, Indore, Madhya Pradesh

REGISTRATION FORM

SFM Membership No. _____ Medical Council No. _____
Title Prof/ Dr/Mr/Ms _____ Gender: Male Female Others
First Name _____ Last Name _____
Institution _____
Correspondence Address _____
City _____ Pin Code _____ State _____ Country _____
Mobile No. _____ Email _____

(All Fields are Mandatory)

Category	Early Bird for first 100 Registrations	Regular for Next 100 Registrations	200 Onwards & On-Spot
SFM Member <input type="checkbox"/>	INR 5600 <input type="checkbox"/>	INR 6000 <input type="checkbox"/>	INR 6800 <input type="checkbox"/>
Non SFM Member <input type="checkbox"/>	INR 7000 <input type="checkbox"/>	INR 7500 <input type="checkbox"/>	INR 8500 <input type="checkbox"/>
PG Student <input type="checkbox"/>	INR 5000 <input type="checkbox"/>	INR 5000 <input type="checkbox"/>	INR 5500 <input type="checkbox"/>
Laptop Based 3D 4D Fetal Heart STIC Workshop (Limited to 40 Seats only) <input type="checkbox"/>	INR 1500 <input type="checkbox"/>		<input type="checkbox"/>

- CME Registration is Mandatory to Attend the Workshop
- Conference Delegate Kit is not Guaranteed for Spot Registration

Inclusive 18% GST

MODE OF PAYMENT

Bank Draft/Cheque - To be made in favor of "Society of Fetal Medicine"

Cheque / Draft No Date

Total Amount

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

BANK TRANSFER DETAILS

Account Holder Name: Society of Fetal Medicine

Account No.: 91111010002044

Bank Name: Canara Bank

IFSC Code: CNRB0019111

Branch Name & Address: 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 20th May: 70% Refund
Cancellation from 21st May onwards: No Refund
All Refunds will be Made after the Conference

Written Request by Email for Cancellation should Reach
sfmsecretariat2017@gmail.com

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



For Online Registration
Click Here

www.societyoffetalmedicine.org