

**ONSITE MEETING**

# Society of Fetal Medicine LUDHIANA CHAPTER ANNUAL CONFERENCE

**Awarded  
4 PMC  
Credit Hours**



**SOCIETY OF  
FETAL MEDICINE**

**Sunday | 24<sup>th</sup> November, 2024 | Venue: Radisson BLU Hotel MBD Ludhiana, Punjab**

## Abstract Submission Extended Till 15<sup>th</sup> Oct. 2024

**HURRY!**

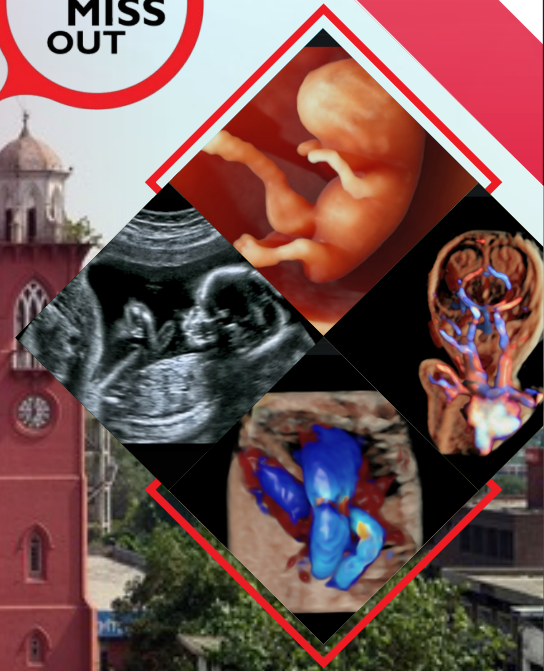
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- **Hot Topics in Fetal Medicine**

Abstracts should be of 250 words or less and include:  
Title, Authors, Objectives, Methods, Result and Conclusion.

Selected Abstracts will be presented during the  
Conference, offering a unique opportunity to share  
your work with leading experts in fetal imaging.

Registration is Compulsory for the Presenting Author.



**Send your abstract to**

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**Dr. Gitanjali Kaur +91 9815552527 - gkaurdr@gmail.com**

### **National Faculty**



**Dr. Ashok Khurana**



**Dr. Bimal Sahani**



**Dr. Bijoy K Balakrishanan**



**Dr. Alok Varshney**

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**For more details: contact Dr. Naveen Pereira +91 9815100244**

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**[www.societyoffetalmedicine.org](http://www.societyoffetalmedicine.org)**





# Society of Fetal Medicine

## LUDHIANA CHAPTER ANNUAL CONFERENCE

Sunday | 24<sup>th</sup> November, 2024 | Venue: Radisson BLU Hotel MBD Ludhiana, Punjab

### 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)*

### REGISTRATION FEES

Category	Early Bird First 50 Registrations	Regular 51 - 150 Registrations	Late Registration & Onspot
SFM Member	INR 1900 <input type="checkbox"/>	INR 2400 <input type="checkbox"/>	Will be Announced Later
Non Member	INR 2500 <input type="checkbox"/>	INR 3000 <input type="checkbox"/>	
PG Students	INR 1800 <input type="checkbox"/>	INR 2000 <input type="checkbox"/>	

*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 bank deposit slip / UTR number, along with the filled  
Registration Form once you have made the payment*

 [Click Here To Register](#)

Conference Secretariat  
Society of Fetal Medicine  
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New Delhi - 110024  
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[www.societyoffetalmedicine.org](http://www.societyoffetalmedicine.org)