



SOCIETY OF
FETAL MEDICINE

FetalMed 2026

Annual International Congress of the Society of Fetal Medicine

From Six to Sixteen Weeks

21st - 23rd August | The Leela Ambience Hotel & Residences, Gurugram, Delhi NCR

Title Prof/Dr/Mr/Ms _____ SFM Membership No. _____ Gender: Male Female

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	SFM MEMBER	NON MEMBER	PG STUDENTS	ACCOMPANYING PERSON
Super Early Bird 1-50 Registrations	INR 18800 <input type="checkbox"/>	INR 23500 <input type="checkbox"/>		
Early Bird 51-150 Registrations	INR 19900 <input type="checkbox"/>	INR 24900 <input type="checkbox"/>	INR 18800 <input type="checkbox"/>	INR 18800 <input type="checkbox"/>
Regular 151-300 Registrations	INR 21600 <input type="checkbox"/>	INR 27000 <input type="checkbox"/>		
Delayed 301-400 Registrations	INR 23500 <input type="checkbox"/>	INR 29400 <input type="checkbox"/>	INR 21600 <input type="checkbox"/>	INR 21600 <input type="checkbox"/>
Late 401-450 Registrations	INR 25000 <input type="checkbox"/>	INR 31200 <input type="checkbox"/>		
Extra Late 451-500 Registrations	INR 26900 <input type="checkbox"/>	INR 33600 <input type="checkbox"/>	INR 25000 <input type="checkbox"/>	INR 25000 <input type="checkbox"/>
On Spot 501 Onwards	INR 29000 <input type="checkbox"/>	INR 36300 <input type="checkbox"/>		

Students Need to Submit Bonafide Certificate from HOD

The above fees is inclusive of 18% GST

Accompanying Persons Entitled for Food Coupons Only

Kit Bag for On Spot Registration are Subject to Availability and are not Confirmed

Accompanying Persons Name: _____

REGISTRATION INCLUSIONS

- Access to Scientific Sessions
- Lunch & Tea/Coffee (21st - 23rd Aug)
- Conference Kit
- Access to the Exhibition Area
- Dinner (21st & 22nd Aug)
- 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.

SCAN QR TO
REGISTER ONLINE



Registration Cancellation Policy

- Cancellation till 15th April 2026 : Full Refund
- From 16th April 2026 - 15 May 2026 : 50% Refund
- From 16th May 2026 - 30th June 2026: 30% Refund
- Cancellations after 1st July 2026: No Refund
- All refunds will be made after the Congress.

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: secretariat@fetalmed2026.com



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

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www.fetalmed2026.com

REGISTRATION FORM