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Dhali, A. orcid.org/0000-0002-1794-2569, Maity, R. orcid.org/0009-0003-5316-2329, Bhattacharya, S. et al. (2 more authors) (2025) Financial barriers to participation in international gastroenterology conferences: a cross-sectional analysis of registration fees. *Frontline Gastroenterology*. ISSN 2041-4137

<https://doi.org/10.1136/flgastro-2024-102892>

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Title: Financial Barriers to participation in International Gastroenterology Conferences: A Cross-Sectional Analysis of Registration Fees

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Title: Financial Barriers to participation in International Gastroenterology Conferences: A Cross-Sectional Analysis of Registration Fees

Objective

International gastroenterology conferences serve as vital platforms for networking and professional development. Yet, financial barriers limit participation from low- and middle-income countries (LMICs). We sought to analyse the registration fees for international gastroenterology conferences to understand the financial challenges faced by attendees, particularly from LMICs, and suggest improvements for equitable access.

Design/Method

In this cross-sectional, retrospective study, we collected registration fee data from the official conference websites and categorized them according to host country, career stage (student, trainee/resident, or staff), society membership status, option for virtual participation, and availability of concessions for LMIC participants. Fees were converted to their US dollar (USD) equivalent using historical exchange rates from the International Monetary Fund's website.

Results

Out of 42 conferences, only 5 (11.9%) were hosted by LMICs. The median registration fees for member students, trainees, and staff were USD 87.65, USD 150.00, and USD 336.84, respectively, while the median fees for non-member students, trainees, and staff were USD 220.00, USD 368.28, and USD 600.39, respectively. Only 8 (19%) conferences offered concessions for LMIC participants. 12 (28.6%) conferences included a virtual component, with 7 (58.3%) offering cheaper virtual-only packages.

Conclusion

Conference registration costs are substantial and only a minority of conferences offered concessions for LMIC participants. High costs of registration, travel, and accommodation, complex visa processes, and limited speaking opportunities are major reasons for the limited LMIC representation. To address these inequities, global societies should provide financial and administrative support, and continue the hybrid model of conferences to enhance accessibility and inclusivity.

Keywords: Gastroenterology; Conference; Countries; Registration fees; Trainee

Key messages

What is already known on this topic

- Participation from LMICs is limited by substantial conference registration costs, depreciating currencies, and low purchasing power.
- Virtual conferences, which exploded during the COVID-19 pandemic, are constrained by reduced networking opportunities.

What this study adds

- Very few conferences are hosted by LMICs.
- Conference registration costs are substantial, with only a minority of conferences offering concessions for LMIC participants.
- Among the very few conferences allowing virtual participation, not all of them offered discounted rates for virtual-only packages.

How this study might affect research, practice or policy

- To boost participation, global health societies should provide financial incentives and administrative support for LMIC attendees.
- The hybrid model of conferences should be continued to enhance equity, accessibility and inclusivity.

Introduction

Global health conferences and scientific meetings in gastroenterology are hotspots for professional networking, career progression, and clinical and academic learning. Peer-to-peer exchange of ideas, knowledge, and research advancements are crucial catalysts for innovation that sustain regional and global knowledge economies. Low- and middle-income countries (LMICs), home to 6.59 billion people worldwide and disproportionately affected by disease, offer a plethora of untapped paths for research and information; thus, delegates from LMICs have a lot to contribute and gain by actively participating in these conferences.^{1,2} However, participation from LMICs is limited by substantial conference registration costs, depreciating currencies, and low purchasing power.^{2,3} Limited LMIC representation would not only hinder LMIC attendees from collaborating more effectively with delegates from high-income countries, but it would also make it more challenging for the latter to establish and strengthen equitable bilateral partnerships and gain knowledge from their LMIC counterparts.²

Virtual conferences, which experienced a major boom in the midst of the COVID-19 pandemic, created a level playing field and increased accessibility to a wider range of audiences.⁴ The ability to watch sessions at one's own speed, elimination of travel requirements, and reduced expenses were the most obvious advantages of virtual conferences. However, it had its fair share of disadvantages, comprising reduced networking opportunities, absence of human contact, and meetings overlapping with working hours.⁵ Despite the use of social media and chat platforms to stimulate discussion, in-person interactions still hold greater value than any other mode of communication.³ As a result, the key argument in favour of in-person conferences versus virtual ones is the superior networking opportunities offered by the former.^{3,5} **Table 1** summarizes the key pros and cons of attending conferences in-person versus virtually.

This study aims to evaluate registration fees for international gastroenterology conferences to gain an insight into accessibility and financial barriers faced by attendees, particularly those from LMICs. This could point to areas for improvement, encouraging equitable access to, participation in, and benefits from conferences.

Methods

This was a cross-sectional, retrospective study. Conferences organised by international gastroenterology societies that have occurred or are yet to occur in 2024 were selected. For biennial conferences slated to occur in 2025, existing data from 2023 were considered. National and regional conferences could not be systemically identified due to informal sharing and language barriers, hence were excluded from this study. We collected registration fee data from the official conference websites and stratified it based on the host country, career stage (student, trainee/resident, or staff), society membership status, the option for virtual participation, and availability of discounted fees for LMIC participants. With regard to varying price points based on the date of registration (i.e., early bird, regular, or on-site registration), we considered the early bird fees only to avoid the unnecessary complication of price ranges. Extra costs (pre-conference workshops, social events) were not included in the cost points above, unless they were covered by the registration fees. Additionally, if not specifically defined on the conference websites, the category 'trainee' was considered to include all doctors in clinical training and not medical students, as conferences usually offer special discounts to medical students to bolster their presence in these events.

To ensure standardization, all fees were converted to their United States Dollar (USD) equivalent using historical currency conversion rates obtained from the International Monetary Fund's website for January 2, 2024, as this date was well within the early-bird registration timelines of all conferences.⁶ Since the term LMIC covers a broad spectrum of nations, we have defined it to include only low-income and lower-middle income economies according to the World Bank, which classifies economies using gross national income (GNI) per capita data in USD.⁷ Lower middle-income nations are those with a GNI per capita between USD 1,146 and USD 4,515 in 2023, whereas low-income economies are those with a GNI per capita of USD 1,145 or less.⁷ All data were captured and analysed on Sheets (Google, Mountain View, USA). Registration fees were assumed to be non-normally distributed and presented as medians and interquartile ranges (IQR).

Since this research involved the use of publicly accessible, non-patient data, ethical clearance was not necessary.

Results

A total of 42 international gastroenterology conferences were identified. They were held across 25 different nations, with the United States (US) taking the lead with 6 (14.3%) conferences. Only 5 (11.9%) conferences were hosted by LMICs – two in Egypt and one each in Morocco, Nepal, and India (**Figure 1**). The limited number of LMIC-hosted conferences may be attributed to There were 21 (50%) conferences with a general gastroenterology theme; subspecialty conferences included 6 (14.3%) on hepatology, 5 (11.9%) on gastrointestinal endoscopy, 4 (9.4%) in neurogastroenterology, 2 (4.8%) each on paediatric gastroenterology and inflammatory bowel disease, and 1 (2.4%) each on gastrointestinal cancers and oesophageal diseases.

Regardless of attendee country, 9 (21.4%) conferences provided varying discounted fees for medical students based on their membership status, while 9 (21.4%) provided the same discount regardless of their membership status. The median registration fees for students, trainees, and staff with membership were USD 87.65 (IQR 51.25-178.17), USD 150.00 (IQR 75.09-250.00), and USD 336.84 (IQR 201.58-487.50), respectively, while the median fees for non-member students, trainees, and staff were USD 220.00 (IQR 120.52-350.00), USD 368.28 (171.25-414.55), and USD 600.39 (IQR 394.63-733.52), respectively. This meant that the median fees for non-member students, trainees, and staff were 150.9%, 145.5%, and 78.2% greater than the median fees of their member counterparts, respectively. Data regarding the registration fees for all career stages is presented in **Figure 2** and **Table 2**.

Only 8 (19%) conferences provided concessions for LMIC-based participants, out of which 3 (37.5%) provided the same discounted rate regardless of membership status, 3 (37.5%) had varying discounts based on membership status, 1 (12.5%) provided full waivers only to member participants, and 1 (12.5%) provided concessions only to non-member participants. Out of the 8 conferences, just 1 (12.5%) offered separate discounted rates to LMIC-based trainees and staff based on membership status; the non-member trainee and staff fees were 69.7% and 84.8% lower, respectively, and member trainee and staff fees were 63.3% and 79.3% lower, respectively, in comparison to the standard rates of their respective categories. A total of 12 (28.6%) conferences explicitly mentioned a virtual component, of which 7 (58.3%) offered virtual-only packages that were cheaper than the in-person rates. Among

these, 3 (42.8%) conferences offered discounts for both trainees and LMIC participants, and 1 (14.2%) provided discounts only for LMIC participants.

Discussion

Our findings draw attention to the substantial costs of attending gastroenterology conferences, which could be a deterrent for trainees, particularly those from lower-income families, smaller institutions, or LMICs, as well as LMIC attendees regardless of their career stages. Only a minority of conferences offered concessions for participants from LMICs, while an even smaller number were hosted by LMICs. These results are in concurrence with similar studies regarding conferences of other specialties.^{3,8,9} Gastrointestinal disorders, including upper digestive tract diseases, cirrhosis, and other chronic liver diseases, continue to disproportionately affect countries with low- to middle-sociodemographic index (SDI). Disability-adjusted life-years (DALYs) due to various digestive diseases were the highest in countries concentrated in sub-Saharan Africa, North Africa and the Middle East, South Asia, Southeast and East Asia; risk factors such as smoking and high body-mass index significantly contributed to DALYs among males in East Asia.¹⁰ Since SDI is computed using information on the economy, education, and fertility rate of countries, and the majority of the low-income and lower-middle-income countries are clustered in South Asia, Southeast Asia, and sub-Saharan Africa, we can safely conclude that the global disease burden of digestive disorders is disproportionately high for LMICs.¹¹

Despite LMICs bearing a disproportionate burden of gastrointestinal diseases, participants from LMICs remain underrepresented at global health conferences. Financial burden arising out of conference registration, travel and accommodation expenses, and visa fees is a major hindrance. Complex visa processes and stringent requirements by the immigration authorities of the host countries, which are primarily in North America and Europe, represent another barrier to active participation. Despite a high volume of submissions, abstracts from LMICs are less likely to be accepted for oral and poster presentations, resulting in limited opportunities for speaking at these conferences. In addition to the above, political barriers, discrimination and racism are other factors that contribute to the poor attendance of LMIC delegates.²

Organising conferences in LMICs comes with its fair share of challenges, which could account for the small number of conferences hosted by LMICs, as shown by our study. There are certain LMICs with pricey and infrequent flights and stringent visa processes. Additionally, there may be concerns regarding the quality of the conference programme and accommodation, particularly the scarcity of five-star hotels, and high rates of crime. Nevertheless, conference organisers must collaborate with sponsors and local officials in order to hold global health conferences in diverse areas, as this may bridge the gap between medical research and locations where most of the disease burden exists.²

Given that most conferences are sponsored by pharmaceutical industries, the economic viability of virtual meetings must be examined.¹² Industry vendors would like to interact with and showcase their products to real individuals rather than virtual ones. Reduced vendor presence in virtual settings would shift the expenses of hosting a meeting to the audience, potentially driving up registration fees.¹³ For LMIC attendees, virtual meetings might be just as expensive as in-person ones, but without the hassle of travel and subsistence. Moreover, expenses related to technology and management cannot be ignored. Unaware to the end user,

the cost of setting up specialized equipment to record and stream events for real-time or on-demand viewing is substantial.¹⁴ By digitizing the conference proceedings, a segment of the audience that typically pays to attend such conferences may subscribe to on-demand access, reducing in-person attendance. On the other hand, on-demand videos could expand the reach of conferences to a wider audience who may not have been able to attend in person, particularly from LMICs, potentially offsetting any losses from reduced in-person attendance. Thus, a cost-benefit analysis of in-person and virtual modes of participation, along with addressing the drawbacks of virtual meetings, may benefit both the organiser and attendee and boost participation from LMICs going forward.

Conferences give trainees a chance to look for mentorship and explore their specialization interests. However, hefty registration fees add to the growing expense of training to become a specialist physician, making it challenging even for trainees in high-income countries to attend such conferences.⁹ After graduating from medical school, US physicians typically owe over USD 200,000 in debt.¹⁵ Unfortunately, the pay for physicians and specialists is inadequate to offset these skyrocketing expenses. Moreover, there exists a huge disparity in the salaries of physicians between high-income countries and LMICs. For instance, resident doctors in the US, which has a gross domestic product (GDP) per capita of USD 81,695.20, make an average of USD 60,853 per year, while their counterparts in the LMICs included in this study (GDP per capita ranging from USD 2,484.80 to USD 3,672.10) receive a paltry mean annual salary between USD 1,958.35 and USD 9,397.17 (currency conversions were made based on the exchange rates to USD by online currency converter, www.xe.com, on November 2, 2024).^{1,16} Our study revealed that the median registration fee for non-member trainees is USD 368.28. Consequently, a non-member resident doctor from an LMIC would have to spend up to 19% of their mean annual salary on conference registration fees alone, but their US colleagues would have to pay only 1% of their mean annual salary for the same. International conferences attract not just consultant specialists but also medical students and early-career physicians (e.g., trainees and resident doctors) who earn anywhere from nothing to an annual salary lower than that of consultants.¹⁶ Thus, the substantial conference-related costs can discourage medical students and trainees from attending, particularly those from lower-income households and LMICs.⁹

To tackle this ‘conference inequity’, global health societies can offer financial incentives in the form of scholarships, travel grants, and reduced registration fees for LMIC attendees. A tiered price structure based on career stage and nation of origin should be instituted. Hosting global health conferences or arranging conference ‘hubs’ in ‘visa-friendly’ countries can alleviate concerns about visa refusals. Research empowerment strategies for LMIC delegates, such as developing networks for mentoring and sharing information, can be implemented to address the poor acceptance rates of abstracts. Professional bodies can provide administrative support to participants by collaborating with local embassies to ease visa-related issues.² To ensure equitable participation at all professional levels, societies can waive the fees for trainees via financial contributions from faculty members and educational sponsors. Research and travel grants should be offered to all trainees, especially those coming from humble backgrounds and smaller institutions.⁸ Lastly, conferences ought to continue with their hybrid model of blending the traditional in-person attendance with a virtual component. Even though virtual participants could miss out on some advantages of in-person attendance, the platform would offer more accessibility, equity, and representation from minority stakeholders.^{4,8}

Equitable participation in global health conferences would not only reflect the needs, aspirations, and realities of LMICs in global health efforts but also provide LMIC researchers opportunities for exchanging knowledge and ideas, networking, career advancement, and impacting global health policy.²

Limitations

Our study has several limitations. National and institutional conferences were excluded due to our inability to systemically identify them. The study analysed only early bird fees for the sake of simplicity, thus failing to account for a significant cohort of participants who missed the early bird deadline. There was no data on the overall number of conference attendees belonging to the host country, other developed countries, or LMICs, making it difficult to demonstrate the negative effect of conference fees and lack of concessions on LMIC participation. We did not take into account the travel and accommodation-related expenses associated with attending international conferences. As such conferences are usually held in metropolitan cities, the additional costs incurred on travel, lodging, and meals are highly variable and substantial. Participants receiving sponsorships in the form of travel grants, local institutional support, or incentives from pharmaceutical companies were not researched. Interested attendees who ended up buying society memberships to avail the member-only rates were not accounted for in this study. In conferences where trainee rates were not explicitly stated, interested trainees might have been required to pay staff rates. By only examining trainee rates wherever explicitly stated, we may have underestimated actual expenses. Nonetheless, our analysis of a sizable global sample of gastroenterology conferences provided an insight into the financial challenges that both LMIC-based registrants and trainees face.

Future directions

A demographic analysis of all attendees in international gastroenterology conferences would be helpful in future studies. Researching the number of attendees from LMICs, high-income countries, and the host country and stratifying them according to their career stages would provide insight into the financial obstacles that LMIC-based delegates encounter at different career levels. Analysing regular and late/on-site registration fees would capture a substantial cohort of participants who would have missed the early bird deadline. In addition to conference registration fees, visa, travel, and accommodation-related expenses of international delegates should be accounted for to get an accurate picture of their cost of attendance, which should preferably be expressed as a percentage of the attendee country's per capita GDP.

Conclusion

In summary, attending gastroenterology conferences can be financially challenging for physicians from low- and middle-income countries as well as trainees. The pursuit of knowledge should not be limited by geography, nationality, or finances. Innovation in medical science necessitates global collaboration and exchange of ideas. Reforms in policies, attitudes, and funding are necessary to acknowledge the professional privilege associated with conference attendance and promote equity, diversity, and inclusivity in conferences.

Contributorship statement: Guarantor of the article: AD. Development of study concept and design: AD, RM and DSS. Study supervision: DSS. Acquisition, analysis and interpretation of the data: RM, SB and JB. Drafting of the manuscript: AD, RM, SB, JB and DSS. Critical revision of the manuscript for important intellectual content: AD, RM and DSS. AD and RM have contributed equally to the article and are joint first authors.

Competing Interest: None declared.

Ethics Approval: Since this research involved the use of publicly accessible, non-patient data, ethical clearance was not necessary.

Funding: This paper did not receive any funds or grants.

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Legends

Figure 1: Countries hosting international gastroenterology conferences 2023-2024

Figure 2: Median registration fees (in USD) by attendee category

Table 1: Pros and cons of attending conferences in-person versus virtually

Table 2: Summary of conference registration fees by attendee category

Aspect	In-Person Conferences	Virtual Conferences
Convenience	Less convenient due to travel requirements	Highly convenient; no travel needed
Expense	Higher expenses (visa, travel, accommodation, subsistence)	Lower expenses; no visa, travel or accommodation expenses
Flexibility	Less flexible due to scheduling and travel constraints	More flexible; can accommodate various time zones
Engagement	Higher interaction and engagement through face-to-face interactions	Potentially lower engagement; often harder to gauge participation
Networking Opportunities	Strong networking potential through informal interactions	Limited networking; harder to connect with attendees
Scalability	Limited by venue capacity	Highly scalable; can accommodate large audiences easily
Health Risks	Potential health risks in crowded spaces	No health risks associated with physical gatherings
Environmental Impact	Higher carbon footprint due to travel	Lower carbon footprint; more eco-friendly option
Technical Issues	Minimal technical issues, mainly logistical	Possible technical challenges (e.g., platform failure, connectivity issues)
Content Accessibility	Content typically not recorded for later viewing	Often recorded for asynchronous/on-demand viewing

Table 1: Pros and cons of attending conferences in-person versus virtually

Category	Minimum (USD)	Maximum (USD)	Median (USD)	Inter-quartile range (USD)
Student - member or unspecified	0	310.19	87.65	51.25-178.17
Student - non-member	50.00	620.39	220.00	120.52-350.00
Trainee - member or unspecified	0	394.41	150.00	75.09-250.00
Trainee - non-member	50.00	620.39	368.28	171.25-414.55
Staff - member or unspecified	0	1000.00	336.84	201.58-487.50
Staff - non-member	75.03	1125.00	600.39	394.63-733.52

Table 2: Summary of conference registration fees by attendee category