



Kansas
Breastfeeding
Coalition, Inc.

INVOICE

Kansas Breastfeeding Coalition 2019 Breastfeeding Conference

DATE: _____

Invoice #: KBC2019

Bill To: _____

| Description | Amount | Quantity | Total Due |
|---|---------|----------|-----------|
| Registration Fee for KBC 2019 Breastfeeding Conference, Oct 24, 2019 Wichita, KS | \$120 X | _____ | \$_____ |

Name of Attendees:

License #s (Nursing, Dietician, IBCLC)

Please remit payment within 30 days to:

Kansas Breastfeeding Coalition, Inc.
3005 Cherry Hill
Manhattan, KS 66503