



**Invoice**  
**Kansas Breastfeeding Coalition**  
**2018 Breastfeeding Conference**

Date: \_\_\_\_\_  
Invoice #: KBC2018

**Bill To:**  
\_\_\_\_\_

Description	Amount	Quantity	Total Due
Registration Fee for KBC 2018 Breastfeeding Conference, Nov. 2, 2018, Wichita	\$110.00	_____	\$_____

Names of Individuals being registered:

Name	License #s (Nursing, Dietician, IBCLC)

**Please remit payment within 30 days to:**

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