



**Invoice**  
**Exhibitor Fee – Kansas 2022 Breastfeeding Conference**  
**Oct. 13-14, 2022**

Date: \_\_\_\_\_  
Invoice #: 2022KBCCONF

**Bill To:**

Description	Amount	Quantity	Total Due
Fee for exhibit space, <b>Business</b> rate	\$300.00	_____	\$ _____
Fee for exhibit space, <b>Non-profit/state agency</b> rate	\$150.00	_____	\$ _____
<b>TOTAL</b>			\$ _____

**Name of entity applying for exhibit space (as entered on online application):**

\_\_\_\_\_

**Please remit payment to:**

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