



50 Main Street
PO Box 3014, Kingston, NY 12401
(518)-410-0621

INVOICE

DATE _____

BILL TO: Local Agency # _____

Company Name: _____

Address: _____

Contact Name: _____

Phone: _____

Email Address: _____

EVENT INFO

46TH WIC Association of NYS
Conference
Crowne Plaza/Desmond Hotel, Albany NY

FILL AND PRINT INVOICE, AND
MAIL WITH CHECK TO: **WIC**
Association of New York
State 50 Main Street,
PO Box 3014, Kingston, NY,
12401-3851

DESCRIPTION	Qty	RATE	TOTAL
WICANYS 2025 Member*			\$535
Non-Member			\$635
NEW! Tuesday Only – (all-day access) WICANYS 2025 Member			\$225
NEW! Tuesday Only - (all-day access) Non-Member			\$250

Remarks / Instructions:

SUBTOTAL _____

Please make check payable to
WIC Association of New York State.

*WICANYS 2025 Member Description – Local WIC agencies who
have paid 2025 Membership Dues ([link to information here](#))

THANK YOU!

TOTAL _____

For questions concerning this invoice, please contact
wicassociationofnys@gmail.com

