

Deadline for registration:

April 20, 2007

Confirmation:

Registration will be confirmed upon receipt of payment and/or receipt of registration form. Please note that spaces are limited. 2005 and 2006 were sold out, so please remember to register early!

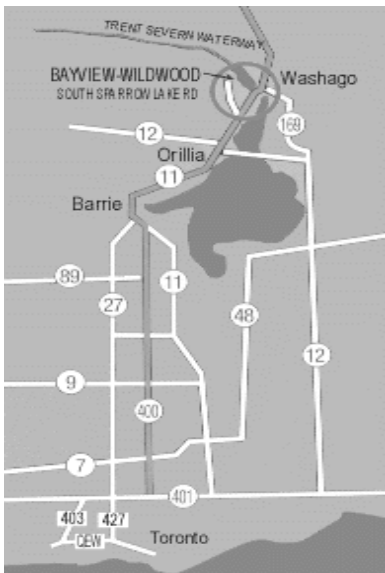
Cancellation policy:

Until April 20, 50% refund for cancellations with written request. After April 20, NO refunds. We accept substitutions but will not process refunds for non attendance. Please see Accommodation Reservation Form for Bayview Wildwood Resort cancellation policy.

Accommodation:

To book accommodations, please see Accommodation Reservation Form or contact Bayview Wildwood Resort at 1-800-461-0243.

Map to Venue:



Please fax or mail registration form and send payment to:

Sparrow Lake Alliance

The Hospital for Sick Children
555 University Avenue
Toronto, ON M5G 1X8

Phone: 416-813-8922
Fax: 416-813-6011

Email: contact@sparrowlake.org



**18th Annual Meeting
Bayview Wildwood Resort
May 4-5, 2007**

Conference Registration & Membership Renewal Form

"Policy And Practice: Assessing the Integration of Services for Ontario's Children and Youth"

NAME

TITLE/POSITION

ORGANIZATION

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE

FAX

EMAIL

Conference Costs

_____ **REGULAR - \$160.00**
(INCLUDES One-Year Membership from April 1, 2007 - March 31, 2008)

_____ **STUDENT or RETIREE - \$75.00**
(With proof of registration in a recognized educational program)

Payment can be made by cheque or credit card
(Please see payment authorization form for payment by credit card)

Accommodation costs are NOT included in registration fees

Donations

- In addition to my fees, I am enclosing a **personal** donation of \$_____.
(If over \$25.00, a tax-deductible receipt will be issued)
- In addition to my fees, my **institution** would like to be a Sponsor of the Sparrow Lake Alliance. I am enclosing a cheque of \$_____ (min. \$100.00)
- I can not attend the conference in 2007, but wish to donate \$_____.