

York University Psychology Clinic

Registration Form – Please Print Clearly

Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), April 22-28, 2025

Please note that the full registration fee will be processed, and all training will be offered remotely (video-conference format).

Please indicate which option you are registering for:

Deposit - \$250.00 non-refundable

Name: _____

Professional Affiliation: _____

If you selected Other Professional Designations, please describe (note that a member of the team will contact you to discuss eligibility for this training opportunity):

Organization: _____

Email: _____ Day Phone: _____

York University Psychology Clinic reserves the right to cancel any registration at its sole discretion, in which case a full refund will be provided.

Method of Payment Please note: full registration fee is due prior to start of workshop. Payment must be made by credit card (Visa or Mastercard) and must accompany the registration form. Please email registrations to yupc@yorku.ca. Cancellation policy is listed on clinic's website (<https://www.yorku.ca/health/yupc/>) under Continuing Education.

I wish to pay by: _____

Total fee enclosed: \$ _____

Card Number: _____

Expiry Date: _____

Name on Card: _____

Signature: _____

Please be sure to provide your e-mail address and phone number so that we may contact you in case of last minute changes. NOTE: You will receive an e-mail confirmation of your registration within 2 business days of its receipt. If you do not receive this e-mail, please contact the clinic to ensure that we have received your registration.



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