

# York University Psychology Clinic

Registration Form – Please Print Clearly

## Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), Feb. 3-5, 2026

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](mailto: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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