

**AUTISM DIAGNOSTIC OBSERVATION SCHEDULE**  
**ADOS-2 Clinical Review Workshop of Modules 3 & 4**

Thank you for your interest in the ADOS-2 Clinical Review Workshop of Modules 3 & 4 that Sunfield Center is offering in collaboration with the University of Michigan School of Kinesiology!

This workshop is designed for individuals who have already attended an ADOS-2 Clinical Training (Modules 1-4), who are interested in further practice and review. During this workshop participants will have the opportunity to practice administration and scoring of the instrument.

Trainers will be providing the workshop through a variety of teaching methods, including lectures, opportunity to practice, scoring discussions and administration of the instrument.

Sunfield Center is approved by the American Psychological Association to sponsor continuing education for psychologists. Sunfield Center maintains responsibility for this program and its content. Sunfield Center designates the following CEs for this training:

ADOS-2 (Modules 3-4) Booster Training: **7 CE credits**. There is a **\$10 fee** for CE credits that is collected at the training.

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**DATES AND LOCATION**

**ADOS-2 Clinical Review Workshop of Modules 3 & 4**

Dates: **Wednesday, November 8**  
**(8:30AM-4:00PM)**

Location: **University of Michigan, Ann Arbor**

**FEES**

Approved applications and payments **postmarked on or prior to Friday, September 15<sup>th</sup>** will qualify for the **early bird registration fee** (\$275). The registration fee for applications that are postmarked on or after Saturday, September 16<sup>th</sup> is \$325. Training fees are subject to change without notice.

**Payment and Refund Policy**

We accept payment in the form of a check made payable to Sunfield Center. We also accept payment via credit card (please see attached credit card form). Please do not send purchase orders. **Payment is due with the application.** *Please note that there will be no refund once payment is processed.*

**Pre-course Information**

Once your application has been received and approved you will be emailed a confirmation of your enrollment in the workshop. The confirmation email will be sent approximately three weeks prior to the training date. Information about the schedule and location will be included in this packet. Review the ADOS-2 manual prior to the workshop and please come prepared with questions. We have included information regarding accommodations, as you may need to make hotel reservations prior to receiving your confirmation email. Please note that enrollment is subject to space availability. Completing the application does not guarantee admission.

**Required Materials**

Participants are required to bring the following to the workshop:

1. A copy of the ADOS-2 manual (WPS item #: W-605M)

Sunfield Center cannot provide ADOS-2 manuals; these can be purchased directly from Western Psychological Services (WPS) <http://portal.wpspublish.com/> or by phone at (800) 648-8857.

ADOS-2 Kits (WPS item #: W-605) are not required for this workshop. However, the ADOS-2 kits are available for purchase as are the upgrade kits (WPS item #: W-606) for those of you who already own an ADOS kit.

For additional questions, please email us at [training@sunfieldcenter.com](mailto:training@sunfieldcenter.com) or call us at (734) 222-9277.

Please note that enrollment is subject to space availability. Completing an application does not guarantee admission. Please submit the following application with a copy of your resume and payment as soon as possible. Note that Sunfield Center reserves the right to make decisions regarding whether an individual or a site is appropriately suited to make the best use of this training.

**AUTISM DIAGNOSTIC OBSERVATION SCHEDULE (ADOS-2)**  
**ADOS-2 Clinical Review Workshop of Modules 3 & 4**

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**PREREQUISITE**

Please provide the date, site and trainer/trainers' names of the ADOS-2 Modules 1-4 training that you previously attended. Please note that attending the ADOS-2 Modules 1-4 training is a prerequisite to attending this workshop.

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**Identifying Information:**

Name: \_\_\_\_\_  
Degree: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Institution: \_\_\_\_\_

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**Contact Information:**

Business Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Secondary Email: \_\_\_\_\_

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**Work Address**

Name of workplace: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State & Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

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Once accepted into the workshop, you will be notified via email. You will also be emailed pre-course information. Please print below your preferred email address for this correspondence (**double check your email address to ensure there are no errors**).

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Prior to mailing your application please make sure that you have completed the following steps:

- Printed and completed this application form.
- Included a copy of your CV/resume.
- Attached the credit card authorization form / **OR**
- Enclosed a check made payable to Sunfield Center

**Early Bird Registration Fee (when payment is postmarked on or prior Friday, September 15<sup>th</sup>, 2017):**

- \$275 (check payment)**

**Regular Registration Fee (when payment is postmarked on or after Saturday, September 16<sup>th</sup>, 2017):**

- \$325 (check payment)**

**Psychology CE Credits:**

- \$10**

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**MAIL YOUR COMPLETE APPLICATION TO:**

**Sunfield Center  
Attention: November ADOS-2 Clinical Review Workshop  
300 N. Fifth Avenue, Suite 210  
Ann Arbor, MI 48104**

**Accommodations**

<b>Other hotel options near the training location:</b>	<u>Phone Number</u>	<u>Address/Zip</u>	<u>Distance</u>	<u>Price</u>
Stone Chalet Bed & Breakfast ( <i>special rate</i> )	734-417-7223	1917 Washtenaw, 48104	2.5 mi	\$\$\$
** Ann Arbor Bed & Breakfast	734-994-9100	921 E. Huron, 48104	walking	\$\$\$
** Bell Tower Hotel	734-769-3010	300 S. Thayer, 48104	walking	\$\$\$
** Inn at the Michigan League	734-764-3177	911 N. University, 48109	walking	\$\$\$
** The Dahlmann Campus Inn	734-769-2200	615 E. Huron St, 48104	walking	\$\$\$
Hampton Inn Ann Arbor North	734-996-4444	2300 Green Rd., 48105	4.16 mi	\$\$\$
Holiday Inn Express Ann Arbor	734-761-2929	600 Briarwood Cir, 48108	3.35 mi	\$\$\$
Kensington Court Ann Arbor	734-761-7800	610 Hilton Blvd., 48108	3.18 mi	\$\$\$
Ann Arbor Regent	734-973-6100	2455 Carpenter Rd., 48108	3.48 mi	\$\$\$
Courtyard by Marriott	734-995-5900	3205 Boardwalk, 48108	3.25 mi	\$\$\$
Red Roof Inn	734-665-3500	3505 S. State St., 48108	3.12 mi	\$\$
Hampton Inn Ann Arbor South	734-665-5000	925 Victors Way, 48108	3.35 mi	\$\$
***Holiday Inn	734-769-9800	3600 Plymouth Rd., 48105	4.16 mi	\$\$

**\*\* Within walking distance.**

Some hotels listed above may offer a free shuttle service, so check with your specific hotel for more information. Average cab fare from these hotels is generally less than \$10, but ***please be aware that cabs may not reliably arrive on time to your hotel.*** For your convenience, we strongly recommend that you stay within walking distance.

**Transportation**

**Shuttle Services To and From Detroit Metro Airport**

**AA Airport Shuttle: 734-699-8500.**

\$32-\$37 one-way / \$62 round trip

**Metro Cars: 800-456-1701**

\$59 one way

**Custom Transit: 734-971-5555**

\$68 round trip

**Metro Taxi: 800-745-5191**

\$45-\$50 one way

**Taxi Services**

**Ann Arbor Taxi Services:**

**Blue Cab: 734-547-2222**

**Yellow Cab: 734-663-3355**

**Fees To and From Detroit Metro Airport:**

- \$50 from Central Campus, for up to four people.

- \$60-\$61 (metered) one-way to airport plus airport fees.

**Public Transportation**

Ann Arbor has a bus system that runs to most places around Ann Arbor and Ypsilanti. For bus stop locations and bus routes, you may wish to consult [www.theride.org](http://www.theride.org). There is a flat rate of \$1.50.

**Car Rental**

For information about the different car rental companies available from Detroit Metro Airport, you may wish to look at [www.metroairport.com/transportation/](http://www.metroairport.com/transportation/).

**CREDIT CARD AUTHORIZATION**

For your convenience, please complete this form that authorizes us to charge your credit card for each transaction without you being present to sign. A receipt will be provided via email when payment is made by credit card. We also accept cash and check payments.

Name on Credit Card: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Training Participant Name and type of training:  
 \_\_\_\_\_  ADOS-2 Clinical Review Workshop of Modules 3 & 4  
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- **\$325 (check payment)**

**Psychology CE Credits:**

- **\$10 per application**

PLEASE NOTE THAT A **\$25 CONVENIENCE FEE FOR CREDIT CARD PAYMENT** WILL BE ADDED SEPARATELY TO **EACH WORKSHOP PAYMENT.**

**REFUND AND CANCELATION POLICY:**

Please note that there will be **no refund** once payment is processed.

Please check one:

- American Express
- Mastercard
- Visa

I, \_\_\_\_\_, authorize Sunfield Center to charge my credit card number \_\_\_\_\_, expiration date \_\_\_\_\_, security code \_\_\_\_\_ and billing zip code \_\_\_\_\_.

Please provide your email below if you would like to receive an electronic receipt of payments.

E-mail: \_\_\_\_\_

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date