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ADI-R Training **Application Form**

Name:

Gender:

M _____

F _____

Degree:

Employer:

Position:

Address you would like information sent to:

City:

State:

Zip Code:

Business Phone:

Home Phone:

Fax Number:

E-mail:

How did you hear about this training?

How will you be using the ADI-R?

Please describe your training and/or experience working with individuals with autism.

Please attach a copy of your vitae with this application.