

**CORE COURSES**

T101-EVE	INTRODUCTION TO MASSAGE Hooten	Rm. 200	Mon. JAN 7-MAR 11 6:00 PM-7:15 PM	T 101-E □ 300.00
T102-EVE	TOUCH DYNAMICS McDaniel	Rm. 200	Mon. JAN 7-MAR 11 7:30 PM-9:55 PM	T 102-E □ 500.00
T105-EVE	THERAPIST-CLIENT COM. McDaniel	Rm. 100	Tue. JAN 8-MAR 12 6:00PM-8:35PM	T105-E □ 500.00
T201-EVE	ANATOMY Gillette	Rm. 100	Thurs. JAN 10-MAR 14 6:00PM-9:35PM	T201-E □ 700.00
T203-EVE	KINESIOLOGY Green	Rm. 200	Thurs. JAN 10-MAR 14 6:00PM-9:35PM	T203-E □ 700.00
T303-EVE	ADVANCED TECHNIQUES Sommers	Rm. 200	Wed. JAN 9-MAR 13 6:00PM-10:35PM	T303-E □ 900.00
T308-DAY	INTEGRATIVE THERAPY Oldham	Rm. 200	Thur. JAN. 10-MAR 14 9:00AM-1:35PM	T308-D □ 900.00
T401-EVE	BUSINESS & MARKETING Greene	Rm. 100	Mon. JAN 7-MAR 11 6:00PM-8:25PM	T401-E □ 500.00
T402	CLINICAL INTERNSHIP Oldham	Rm. 100	Fri. DEC 14 8:30AM-4:15PM (1 Hr. Lunch) Sun. JAN 20 & FEB. 10 4:00PM-7:15PM Fri. MAR 8 3:00PM-6:15PM	T402 □ 550.00

**ELECTIVE COURSES (Core or Continuing Ed)**

T305	LYMPHATIC DRAINAGE TECHNIQUE Gleason Practicum Required for Course	Rm. 100	Wed. JAN 9-MAR 13 6:00PM-10:35PM	T305 □ 900.00
T307	NEUROMUSCULAR THERAPY Phillips	Rm. 200	Tue. JAN 8-MAR 12 6:00PM-10:35PM	T307 □ 900.00

<p>I understand that I am obligated to pay only the tuition for which I am registering.</p> <p>_____ Student Signature Date</p> <p>SS# _____</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Home/Work/Cell: _____</p> <p>Email Address _____</p> <p><input type="checkbox"/> Check box if you do <u>not</u> wish to receive communication from Cumberland</p>		<p>Tuition Total \$ _____</p> <p>Additional Fees, Insurance, Table \$ _____</p> <p>Late Fees (Registration or Payment) \$ _____</p> <p>Total Fees Due \$ _____</p> <p><input type="checkbox"/> Full Payment Enclosed \$ _____</p> <p><input type="checkbox"/> 1/3 Payment Enclosed \$ _____</p>
<p>Submit Registration &amp; Payment to:  <b>Cumberland Institute</b>                      500 Wilson Pike Circle, Suite 121                      Brentwood, TN 37027                      Tel 615-370-9794, ext. 10</p>	<p><input type="checkbox"/> Cash <input type="checkbox"/> Check or Money Order <input type="checkbox"/> Discover <input type="checkbox"/> MC/VISA</p> <p>Card Exp Date _____ Sec Code _____</p> <p>Card # _____</p> <p>Name on Card _____</p> <p>Card billing street no. /zip code _____ / _____</p>	