

**CORE CURRICULUM COURSES**

T101-EVE	INTRODUCTION TO MASSAGE Hooten	Rm 200	Mon. MAY 4-JULY 13 6:00P - 7:15P No class May 25 - Memorial Day	T 101-E □ 330.00
T102-EVE	TOUCH DYNAMICS McDaniel	Rm 200	Mon. MAY 4-JULY 13 7:30P - 9:55P No class May 25 - Memorial Day	T 102-E □ 550.00
T106-EVE	MASSAGE ETHICS & TN LAW Sommers	Rm 100	5 Tues: <b>NEW DATES</b> 6:00P - 9:55P May 12, May 26, June 9, June 23, July 7	T106-E □ 500.00
T202-EVE	PHYSIOLOGY Potts	Rm 100	Thur. MAY 7 - JULY 9 6:00P - 9:35P	T202-E □ 700.00
T205-EVE	TERMINOLOGY & PATHOLOGY Hooten	Rm 100	Mon. MAY 4-JULY 13 7:30P - 9:55P No class May 25 - Memorial Day	T205-E □ 550.00
T302-EVE	SWEDISH MASSAGE Mindigo	Rm 200	Tues. MAY 5-JULY 7 6:00P - 10:35P	T302-E □ 900.00
T306-EVE	ACUPRESSURE FOR MASSAGE Crawford	Rm 200	Wed. MAY 6-JULY 8 6:00P - 10:35P	T306-E □ 900.00
T308-EVE	INTEGRATIVE THERAPY Oldham	Rm 200	Thur. MAY 7-JULY 9 6:00P - 10:35P	T308-E □ 900.00
T402	CLINICAL INTERNSHIP Oldham	Rm 200	Fri. MAR 6 8:00A-3:15P (1 Hr. Lunch) Sun. MAY 17 4:00P - 7:15P Sun. JUNE 14 6:00 P-9:15P Fri. JULY 10 2:00P - 5:15P	T402 □ 600.00

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

T502	CRANIOSACRAL THERAPY McDaniel Practicum required for course credit	Rm 200	Sat/Sun 9:00AM-5:30PM MAY 23-24, JUNE 6-7, JULY 11-12	T502 □ 900.00 *\$945 after 4/27/20
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**INTRO EVENING FOR PROSPECTIVE STUDENTS 5:30PM - 7:30PM Friday, JUNE 7, 2019 FREE**

<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>\$40 Late Registration/Payment fee \$ _____</p> <p>Additional Fees, Insurance or Table \$ _____</p> <p>Total Fees Due \$ _____</p> <p><input type="checkbox"/> Full Payment Enclosed \$ _____</p> <p><input type="checkbox"/> 1/3 Payment Enclosed \$ _____</p>
<p><u>Submit Registration &amp; Payment to:</u>  <b>Cumberland Institute</b>                  500 Wilson Pike Circle, Suite 121                  Brentwood, TN 37027                  Tel 615-370-9794 Ext. 10                  Fax 615-370-5869</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>