

CORE COURSES

T102A	TOUCH DYNAMICS McDaniel	Rm. 200	Mon SEPT 27-DEC 6 6:00 PM-8:55 PM No Classes Thanksgiving Week	T 102-E □ 800.00
T106	MASSAGE ETHICS & TN LAW Sommers/Whitehead	Rm. 100	5 Tuesdays: Sept 28, Oct 12, Oct. 26, Nov. 9 & Nov 30 6:00PM-9:55PM	T 106-E □ 600.00
T202	PHYSIOLOGY Potts	Rm. 100	Thurs SEPT 30-DEC 9 6:00PM-9:35PM No Classes Thanksgiving Week	T 202-E □ 850.00
T205	TERMINOLOGY & PATHOLOGY Anderson	Rm. 100	Mon SEPT 27-DEC 6 6:00PM-8:35PM No Classes Thanksgiving Week	T 205-E □ 800.00
T302	SWEDISH MASSAGE Mindigo	Rm. 200	Tues SEPT 28-DEC 7 6:00PM-10:35PM No Classes Thanksgiving Week	T 302-E □ 1000.00
T306	ACUPRESSURE FOR MASSAGE Crawford	Rm. 200	Wed SEPT 29-DEC 8 6:00PM-10:35PM No Classes Thanksgiving Week	T 306-E □ 1000.00
T308	INTEGRATIVE THERAPY Oldham	Rm. 200	Thurs SEPT 30-DEC 9 6:00PM-10:35PM No Classes Thanksgiving Week	T 308-E □ 1000.00
T402	CLINICAL INTERNSHIP Oldham	Rm. 200	Fri. SEP 10 8:00AM - 3:15PM (1 Hr. Lunch) Sun. OCT 3 & NOV 7 4:00-7:15 PM Fri. DEC 3 2:00 PM - 5:15 PM	T 402 □ 830.00

ELECTIVE COURSES CAN BE USED FOR CONTINUING EDUCATION OR CORE

T502/E502	CRANIOSACRAL THERAPY* McDaniel **Practicum required for course credit	Rm 200	Sat/Sun OCT. 2-3 9:00A - 5:30P Sat/Sun NOV. 6-7 9:00A - 5:30P Sat/Sun DEC. 4-5 9:00A - 5:30P	T502 □ 1000.00 *\$945 after 9/20/21
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INTRO EVENING FOR PROSPECTIVE STUDENTS: FRIDAY, December 4, 2020 5:30PM - 7:30PM FREE

I understand that I am obligated to pay only the tuition for which I am registering.

Student Signature _____ Date _____

SS# _____

Name _____

Address _____

City _____ State _____ Zip _____

Home/Work/Cell: _____

Email Address _____

Check box if you do not wish to receive communication from Cumberland

Send Registration & Payment to:
Cumberland Institute 500 Wilson Pike Circle, Suite 121
 Brentwood, TN 37027
 Teresa Direct: 615-370-9794
 Mary Direct: 615-370-5869

Tuition Total	\$ _____
Table fee, insurance, Track Change, etc.)	\$ _____
\$45.00 Late Registration fee	\$ _____
Total Fees Due	\$ _____
<input type="checkbox"/> Full Payment Enclosed	\$ _____
<input type="checkbox"/> 1/3 Payment Enclosed	\$ _____
<input type="checkbox"/> Debit my pre-paid tuition account	
<input type="checkbox"/> Vocational Rehabilitation/VA	

Cash Check or Money Order Discover MC/VISA

Card Exp Date _____ Sec Code _____

Card # _____

Name on Card _____

Card billing street no/zip code _____ / _____