

**CORE COURSES**

T102A	TOUCH DYNAMICS McDaniel	Rm. 200	Mon SEPT 26-DEC 5 6:00 PM-8:55 PM No Classes Thanksgiving Week	T 102 □ 850.00
T106	MASSAGE ETHICS & TN LAW Sommers/Whitehead	Rm. 100	5 Tuesdays: Sept 27, Oct 4, Oct. 25, Nov. 8 & Nov 29 6:00PM-9:55PM	T 106 □ 650.00
T202	PHYSIOLOGY Potts	Rm. 100	Thurs SEPT 29-DEC 8 6:00PM-9:35PM No Classes Thanksgiving Week	T 202 □ 900.00
T205	TERMINOLOGY & PATHOLOGY Anderson	Rm. 100	Mon SEPT 26-DEC 5 6:00PM-8:35PM No Classes Thanksgiving Week	T 205 □ 850.00
T302	SWEDISH MASSAGE Mindigo	Rm. 200	Tues SEPT 27-DEC 6 6:00PM-10:35PM No Classes Thanksgiving Week	T 302 □ 1000.00
T306	ACUPRESSURE FOR MASSAGE Crawford	Rm. 200	Wed SEPT 28-DEC 7 6:00PM-10:35PM No Classes Thanksgiving Week	T 306 □ 1000.00
T308	INTEGRATIVE THERAPY Oldham	Rm. 200	Thurs SEPT 29-DEC 8 6:00PM-10:35PM No Classes Thanksgiving Week	T 308 □ 1000.00
T402	CLINICAL INTERNSHIP Oldham	Rm. 200	Fri. SEP 9 8:00AM - 3:15PM (1 Hr. Lunch) Sun. OCT 9 & NOV 13 4:00-7:15 PM Fri. DEC 2 2:00 PM - 5:15 PM	T 402 □ 930.00

**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. 1-2 9:00A - 5:30P Sat/Sun NOV. 5-6 9:00A - 5:30P Sat/Sun DEC. 3-4 9:00A - 5:30P	T502 □ 1000.00 *\$1045 after 9/19/22
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**INTRO EVENING FOR PROSPECTIVE STUDENTS: FRIDAY, December 2, 2022 5:30PM - 7:30PM FREE**

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

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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

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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 \_\_\_\_\_ / \_\_\_\_\_