

**CORE COURSES**

T102A	TOUCH DYNAMICS Land	Rm. 200	Mon MAR 27 -JUNE 5 6:00PM-8:55PM No class May 29 - Memorial Day	T 102-E □ 850.00
T106	MASSAGE ETHICS & TN LAW Sommers/Whitehead	Rm. 100	5 Tuesdays: MAR 28, APR 11, APR 25, MAY 16, MAY 30 6:00PM-9:55PM	T 106-E □ 650.00
T202	PHYSIOLOGY Dallas	Rm. 100	Thurs MAR 30-JUNE 1 6:00PM-9:35PM	T 202-E □ 900.00
T205	TERMINOLOGY & PATHOLOGY Whitehead	Rm. 100	Mon MAR 27-JUNE 5 6:00PM-8:35PM No Class May 29 - Memorial Day	T 205-E □ 900.00
T302	SWEDISH MASSAGE Phillips/Land	Rm. 200	Tues MAR 28-MAY 30 6:00PM-10:35PM	T 302-E □ 1000.00
T306	ACUPRESSURE FOR MASSAGE Crawford	Rm. 200	Wed MAR 29 -MAY 31 6:00PM-10:35PM	T 306-E □ 1000.00
T308	INTEGRATIVE THERAPY Oldham	Rm. 200	Thurs MAR 30 -JUNE 1 6:00PM-10:35PM	T 308-E □ 1000.00
T402	CLINICAL INTERNSHIP Oldham	Rm. 200	Fri. Mar 3 8:00AM - 3:15PM (1 Hr. Lunch) Sun. April 2 & May 7 4:00-7:15 PM Fri. June 2 2:00 PM - 5:15 PM	T 402 □ 830.00

**ELECTIVE COURSES CAN BE USED FOR CONTINUING EDUCATION OR CORE**

T502/E502	CRANIOSACRAL THERAPY* Scruggs **Practicum required for course credit	Rm 200	Sat/Sun APR 1-2 9:00A - 5:30P Sat/Sun MAY 6-7 9:00A - 5:30P Sat/Sun JUNE 3-4 9:00A - 5:30P	T502 □ 1000.00 *\$1045 after 3/21/23
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**INTRO EVENING FOR PROSPECTIVE STUDENTS: FRIDAY, MARCH 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

Send Registration & Payment to:  
**Cumberland Institute** 500 Wilson Pike Circle, Suite 121  
 Brentwood, TN 37027  
 Teresa Direct: 615-370-9794  
 Candis 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 \_\_\_\_\_ / \_\_\_\_\_