

CORE COURSES				
T102A	TOUCH DYNAMICS Land, Michelle	Rm 200	Mon. JAN 6 – MAR 10 6:00PM – 8:55PM	T 102 <input type="checkbox"/> \$890.00
T105	THERAPIST-CLIENT COMMUNICATIONS Emerson, Jenny	Rm 100	Tue. JAN 7 – MAR 11 6:00PM – 8:35PM	T105 <input type="checkbox"/> \$890.00
T201	ANATOMY Anderson, Stacey	Rm 100	Thur. JAN 9 – MAR 13 6:00PM – 9:35PM	T201 <input type="checkbox"/> \$940.00
T203	KINESIOLOGY Green, Robin	Rm 200	Thur. JAN 9 – MAR 13 6:00PM – 9:35PM	T203 <input type="checkbox"/> \$940.00
T303	ADVANCED TECHNIQUES Anderson, Stacey	Rm 200	Wed. JAN 8 – MAR 12 6:00PM – 10:35PM	T303 <input type="checkbox"/> \$1040.00
T401B	BUSINESS & MARKETING FOR THE MASSAGE THERAPIST Greene, Teresa	Rm 100	Mon. JAN 6 – MAR 10 6:00PM – 9:25PM	T401 <input type="checkbox"/> \$940.00
T402	CLINICAL INTERNSHIP Oldham, Mindy	Rm 200	Fri. DEC 6, 2024 8:30A – 3:15P (1 hr. lunch) Sun. JAN 12 4:00 PM-7:15 PM Sun. FEB. 9 4:00 PM – 7:15PM Fri. MAR. 7 2:00P – 5:15P	T402 <input type="checkbox"/> \$970.00
ELECTIVE COURSES – CAN BE USED FOR CONTINUING EDUCATION COURSE AND/OR CORE				
T305/E305	LYMPHATIC DRAINAGE TECHNIQUE Gleason, Denise **Practicum required for course credit	Rm 100	<u>3 Weekends:</u> Sat/Sun: JAN 11-12, 2025 Sat/Sun: FEB. 8-9, 2025 Sat/Sun: MAR. 8-9, 2025 9:00 am–5:30pm each day	E305 <input type="checkbox"/> \$1040.00 *\$1085 after 12/30/24
T307	NEUROMUSCULAR THERAPY Phillips, Nick **Practicum required for course credit	Rm 200	Tue. JAN 7 – MAR 11 6:00PM – 10:35PM	T307 <input type="checkbox"/> \$1040.00 *\$1085 after 12/30/24
INTRO-EVENING FOR PROSPECTIVE STUDENTS: FRIDAY, DECEMBER 6, 2024 FROM 5:30 PM – 7:30 PM--Free				

I understand that I am obligated to pay only the tuition for which I am registering. <hr/> Student Signature _____ Date _____ SS# _____ Name _____ Address _____ City _____ State _____ Zip _____ Home/Work/Cell: _____ Email Address _____ <input type="checkbox"/> Check box if you do <u>not</u> wish to receive communication from Cumberland		Tuition Total \$ _____ \$45 Late Registration or Payment fee \$ _____ Supplies, Table, Insurance \$ _____ Total Fees Due \$ _____ <input type="checkbox"/> Full Payment Enclosed \$ _____ <input type="checkbox"/> 1/3 Payment Enclosed \$ _____ <input type="checkbox"/> VA Education Payment \$ _____
<u>Submit Registration & Payment to:</u> Cumberland Institute 500 Wilson Pike Circle, Suite 121 Brentwood, TN 37027 Teresa Direct: 615-370-9794 Candis Direct: 615-370-5869		<input type="checkbox"/> Cash <input type="checkbox"/> Check or Money Order <input type="checkbox"/> Discover <input type="checkbox"/> MC/VISA Card Exp Date _____ Sec Code _____ Card # _____ Name on Card _____ Card billing street no. /zip code _____ / _____