

**CORE COURSES**

T102A	TOUCH DYNAMICS Oldham, Mindy	Rm. 200	Mon SEPT 21-NOV 30 6:00 PM-8:55PM No Classes Thanksgiving Week	T 102A □ \$890.00
T108/T508	MASSAGE ETHICS & TN LAW Beard, Susannah	Rm. 100	Tues. SEPT 22-DEC 1 6:00PM-9:15PM	T 108 □ \$920.00
T202	PHYSIOLOGY Green, Robin	Rm. 100	Thurs SEPT 24-DEC 3 6:00PM-9:35PM No Classes Thanksgiving Week	T 202 □ \$940.00
T206	TERMINOLOGY & PATHOLOGY Gluth, Bonnie	Rm. 100	Mon SEPT 21-NOV 30 6:00PM-10:15PM No Classes Thanksgiving Week	T 206 □ \$1020.00
T302	SWEDISH MASSAGE N. Phillips/E. Heiden	Rm. 200	Tues SEPT 22-DEC 1 6:00PM-10:35PM No Classes Thanksgiving Week	T 302 □ \$1040.00
T306	ACUPRESSURE FOR MASSAGE Green, Adam	Rm. 200	Wed SEPT23-DEC 2 6:00PM-10:35PM No Classes Thanksgiving Week	T 306 □ \$1040.00
T308	INTEGRATIVE THERAPY Oldham, Mindy	Rm. 200	Thurs SEPT 24-DEC 3 6:00PM-10:35PM No Classes Thanksgiving Week	T 308 □ \$1040.00
T312	FASCIA FREEDOM& MOVEMENT Sommers, Suz	Rm. 200	Wed. SEPT 23-DEC 2 6:00PM-9:45PM	T 312 □ \$980.00
T402	CLINICAL INTERNSHIP Oldham, Mindy	Rm. 200	Fri. SEPT 4 8:30AM-3:15PM (1 Hr. Lunch) Sun. OCT 4 & NOV 8 4:00-7:15 PM Fri. DEC 4 2:00 PM - 5:15 PM	T 402 □ \$970.00

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

T313	CRANIOSACRAL THERAPY* Scruggs, Terry **Practicum required for course credit	Rm 200	Sat/Sun OCT. 3-4 9:00A - 5:30P Sat/Sun NOV. 7-8 9:00A - 5:30P Sat/Sun DEC. 5-6 9:00A - 5:30P	T313 □ \$1040.00 *\$1085 after 8/14/26
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**INTRO EVENING FOR PROSPECTIVE STUDENTS: FRIDAY, December 1, 2024 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  
 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 \_\_\_\_\_ / \_\_\_\_\_