

**CORE COURSES**

T102A	TOUCH DYNAMICS Oldham, Mindy	Rm. 200	Mon MAR 30 -JUNE 8 6:00PM-8:55PM No class May 25 - Memorial Day	T 102 □ \$890.00
T108/T508	MASSAGE ETHICS & TN LAW Beard, Susannah	Rm. 100	Tues MAR 31 - JUNE 7 6:00PM-9:15PM	T 108 □ \$920.00
T202	PHYSIOLOGY Green, Robin	Rm. 100	Thurs APR 2 - JUNE 4 6:00PM-9:35PM	T 202 □ \$940.00
T206	TERMINOLOGY & PATHOLOGY Gluth, Bonnie	Rm. 100	Mon. MAR 30-JUNE 8 6:00P-10:20P No Class May 25 - Memorial Day	T 206 □ \$1020.00
T302	SWEDISH MASSAGE N. Phillips & E. Heiden	Rm. 200	Tues MAR 31 - JUNE 7 6:00PM-10:35PM	T 302 □ \$1040.00
T306	ACUPRESSURE FOR MASSAGE Green, Adam	Rm. 200	Wed. APR 1 - JUNE 3 6:00PM-10:35PM	T 306 □ \$1040.00
T308	INTEGRATIVE THERAPY Oldham, Mindy	Rm. 200	Thurs APR 2 - JUNE 4 6:00PM-10:35PM	T 308 □ \$1040.00
T312	FASCIA FREEDOM& MOVEMENT Sommers, Suz	Rm. 200	Wed. APR 1 - JUNE 3 6:00PM-9:45PM	T 312 □ \$980.00
T402	CLINICAL INTERNSHIP Oldham, Mindy	Rm. 200	Fri. Mar 6 8:30AM - 3:15PM (1 Hr. Lunch) Sun. April 12 & May 3 5:00-8:15 PM Fri. June 5 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 APR 4-5 9:00A - 5:30P Sat/Sun MAY 2-3 9:00A - 5:30P Sat/Sun JUNE 6-7 9:00A - 5:30P	T313 □ \$1040.00 *\$1085 after 3/24/25
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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

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