

Airport Pickup Request Form

The College of Business Management Pty Ltd t/a The College of Business Management (hereby referred to as CBM)

Family Name:	Given Name:
Date of Birth:/	
Address (Home country):	
Tel: ()	Fax: ()
Email:	
Agent:	
Agent Contact: Mr / Ms	
Tel: ()	Fax: ()
Email:	
Flight Details	
Melbourne Arrival Date:	Airline: Flight No:
Time: AM / PM (Please	attach a copy of your ticket)
Any special needs? (e.g., wheelchair, large amo (When you book your flight, send us this informa	
If you plan to travel with other member of your please send it to admissions reception@cbm.edu	days via email prior to your arrival and during office hours. (Monday – Friday tience.
Student Signature	Date