Part 1 – Organisation to complete:

Name of Licensee organisation:

ABN:

Name of contact: _____
               (Title)   (First name)   (Last name)

E-mail: _____

Telephone number: _____

Postal Address for notices:

_____

_____

By submitting this signed Form, the Licensee represents that:

i)   **it has read and accepted the current Software Licence Terms for CABLE located at http://www.cawcr.gov.au/projects/access/cable/index.php and**

ii)   **its Permitted Users are those users who have completed Part 2 of this Form and anyone else to whom the Licensee and/or the Licensee contact has granted CABLE access pursuant to the Software Licence Terms**.

....

Signed by an authorised representative   *Witness*

for the Licensee

....

Name and title   *Name*

....

Date

Part 2 – User to complete:

Name of user:

Address:

Email:

Telephone number:

(Please note that the above details may be posted on the **list of CABLE users** page and used by CSIRO in accordance with the Software Licence Agreement.)

NCI login (if you already have a NCI user account):

Please select one of the following:

(a) ☐ I am requesting an individual CABLE licence

(b) ☐ I am requesting a User account under my Organisation's CABLE licence

If you have selected (b), please state which Organisation:

☐ Student   ☐ Employee   ☐ Other (please state)

If you are a student, please provide supervisor contact information (these would not appear in the **list of users** page). Your supervisor's signature is also required to indicate that they approve your registration.

Name of supervisor:

Position in organisation:

Address:

Email: Telephone number:

Supervisor's signature: Date:

****

From where or whom did you hear about the CABLE model?

Please provide a short description of your intended use of CABLE and anticipated intended research results (including proposed publication time frames, if any).

I have read and will comply with the Software Licence Agreement and the Guidelines for users and developers of CABLE:

Signed: Date:

Registration Form for using CABLE

Send the completed registration form via email to cable_help@nf.nci.org.au