

## Registration Form for using CABLE offline

Name of applicant: Dr NICOLAS BOULAIN  
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Telephone number:

(Please note that your name, affiliation and phone number will be posted in the **list of users** page.)

If you are a student, please provide information about your supervisor (with his approval, although these would not appear in the **list of users** page).

Name of supervisor: \_\_\_\_\_  
(Title) (First name) (Last name)

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number:

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From where or whom did you hear about the CABLE model? Pr. Giang Yu

Please provide a short description of your intended use of CABLE offline. And please inform us when your work involving CABLE is being published.

My intended use of CABLE is to compare CABLE  
offline output to eddy covariance result among  
different sites in Australia.

Please read the Licence Agreement (which does not require your signature) before sending the filled registration form via email to Bernard Pak.