

Registration Form for using CABLE offline

Name of applicant: Dr Sally Archibald
(Title) (First name) (Last name)

Affiliation: CSIR

Address: PO Box 395, PRETORIA, 0001, SOUTH AFRICA

Email: sarchibald@csir.co.za

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:

From where or whom did you hear about the CABLE model? Francois Engelbrecht, a colleague at the CSIR

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

We want to run CABLE with at point
locations in Southern Africa and compare
it with flux tower data, and data
on GPP/Transpiration to determine how
well it represents biogeochemical processes
in savanna, fynbos, and arid shrubland
ecosystems

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