Registration Form for using CABLE offline

Name of applicant:			Stockli
			(Last name)
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Telephone number: +	1 970 491	8364	
(Please note that you users page.)	r name, affiliati	on and phone numb	per will be posted in the list of
If you are a student, p approval, although th	-	_	our supervisor (with his users page).
Name of supervisor:	Prof. Dr (Title)	Scott(First name)	Denning (Last name)
Affiliation: Color			
Address:Depart	ment of Atarado State	mospheric Sci	ence, 1371 Campus Fort Collins, CO
Email:denning@a	tmos.colostate.	edu	
Telephone number:			
*******	*****	******	*****
From where or whon Leuning		bout the CABLE n	nodel?Dr. Ray
Please provide a shor	-	-	of CABLE offline. And please published.
evaluate and develop network. After succe will be available as fi	land surface m ssful inclusion t all source code	odels against the gland the modelfarm (see (including all FLU)	elfarm, which is a tool to obal FLUXNET tower separate PDF file sent by me) XNET data and all other hs to complete this step
Please read the <u>Licen</u> sending the filled reg			uire your signature) before 1 Pak.
Sincerely,	Ret	Atoca	Mi