## Registration Form for using CABLE offline Srbinovsky Dr. lhan Name of applicant: University of Melbourne (Last name) Affiliation: School of Physics, Parkville, Victoria, 3010 Address: jsrbino@physics.unimelb.edu.au 0425 854 481 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: \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **CSIRO** website From where or whom did you hear about the CABLE model? Please provide a short description of your intended use of CABLE offline. And please inform us when your work involving CABLE is being published. I have applied for a position with the CABLE software development group and so am interested

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

in the working product.