

Registration Form for using CABLE offline

Name of applicant: Dr Roger Bodman

Affiliation: CSIRO

Address: Aspendale _____

Email: roger.bodman@csiro.au _____

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? _____

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

_____ Roger is helping with re-gridding files for ESM1.5 and other things _____

Please read the [Licence Agreement](#) (which does not require your signature) before sending the filled registration form via email to cable_help@nci.org.au.