

Registration Form for using CABLE offline

Name of applicant:	Dr	Matthew	McCabe
	(Title)	(First name)	(Last name)

Affiliation: University of New South Wales

Address: School of Civil and Environmental Engineering

Email: mmccabe@unsw.edu.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? ARCNESS

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

Interested to run the model and have a play around with it. My interests are in model calibration, evaluation and incorporation of remote sensing data

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