

Registration Form for using CABLE offline

Name of applicant: Dr Nikhil Garg
(Title) (First name) (Last name)

Affiliation: CSIRO DATA61

Address: _____ 34 Village Street , Docklands _____
VICTORIA

Email: nikhil.garg@data61.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: Dr Marcus Thatcher
(Title) (First name) (Last name)

Affiliation: CSIRO Oceans and Atmosphere

Address: 107-121 Station St, Aspendale VIC 3195

Email: marcus.thatcher@csiro.au

Telephone number:

From where or whom did you hear about the CABLE model? _____
 Marcus Thatcher

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 been using CABLE within CCAM, however, I would like to test the offline version to understand CABLE in a bit more details.

[illegible]

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.