Registration Form for using CABLE offline

Name of applicant:	Dr.	Forney forney	Zheo
	(Title)	(First name)	(Last name)
Affiliation:	CSIRO	Land and L	Vater
Address: Cu	mies Ros	Street, F	eton
Blo	uk Mount	ain, ACT 2	601. Australia
Email: fan	gforng, zhou	a csiro, au	N
Telephone number:			•
(Please note that you users page.)	r name, affiliat	ion and phone numl	per will be posted in the list of
If you are a student, approval, although the		•	our supervisor (with his users page).
Name of supervisor:			
	(Title)	(First name)	(Last name)
Affiliation:			997 V to
Address:		******	
Email:			
Telephone number:			
******	******	*******	******
From where or whom		about the CABLE n Fellowships	
Please provide a sho inform us when your As a post do the ly drology i	rt description of work involving of DCE CABL	f your intended use g CABLE is being project, I'm E land surface	of CABLE offline. And pleas

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>.