Part 2 – User to con	nplete:			
Name of user: Kai Lu				
Address:				
Email: kai.lu@unsw.e	du.au			
Telephone number: 00	061-2-9385 9326			
(Please note that the a by CSIRO in accordar			st of CABLE users page and nent.)	used
NCI login (if you alrea	dy have a NCI user a	account):		
Please select one of the	he following:			
(a) I am reque	sting an individual Ca	ABLE licence		
(b) 🛛 I am reque	sting a User account	under my Organ	nisation's CABLE licence	
If you have selected (I	o), please state which	h Organisation:		
Student	☐ Employee	Other (ple	ease state) CoECSS	
			rmation (these would not appea uired to indicate that they appro	
Name of supervisor:				
Position in organisatio	n:			
Address:				
Email:	Tele	ephone number:		
Supervisor's signature	: :		Date:	
	*******	******	****	
From where or whom	did you hear about ti	he CABLE mode	1?	
Andy Pitman				
Please provide a shor research results (inclu			CABLE and anticipated intenders, if any).	ed ,
have read and will dusers and developer		ftware Licence	Agreement and the Guideline	s for
Signed: 2	4	Date:	04/06/2013	
1/17	1	*		

Send the completed registration form via email to cable_help@nf.nci.org.au