

Registration Form for using CABLE offline

Name of applicant: Dr. Volker Rath
(Title) (First name) (Last name)

Affiliation: Dpto. Astrofísica y CC. de la Atmósfera

Address: Fac. CC. Físicas, Universidad Complutense de Madrid
Ciudad Universitaria, 28040 Madrid, Spain

Email: vrath@fis.ucm.es

Telephone number: +34 913944490

(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? WWW

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

Evaluation for borehole paleoclimate research, interpretation of downhole temperature/soil moisture monitoring data

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