Registration Form for using CABLE offline

Name of applicant:	Mr	Anuj	Guruacharya
	(Title)	(First name)	(Last name)
Affiliation:Unive	rsity of Oklaho	oma	
Address:Nor	rman, Oklahon	na	
Email:anuj.gur	ruacharya@ou.	edu	
Telephone number:	318 202 9841		
(Please note that you users page.)	ır name, affilia	tion and phone numb	per will be posted in the list of
If you are a student, approval, although the		2	our supervisor (with his users page).
Name of supervisor:	Dr.	Yiqi Luo	 _
Affiliation:U	JNiversity of C	Oklahoma	
Address:Nor	rman, Oklahon	na	
Email:yiqi.luc Telephone number:	o@ou.edu		
_	******	*******	*****
From where or whom	•	about the CABLE n	nodel?Dr.
Please provide a sho inform us when your		-	of CABLE offline. And please published.
			nafrost regions. I want reles using the CABLE

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>.