





Identity Provider Registration Request¹

∐ _{New}	Change Request ²	Removal
Organization		
Name:	Istituto Zooprofilattico Sperimentale	della Sicilia
	Service	dolla ololla
EntityID ³ :	https://idp-sicilia.izs.garr.it/idp/shibbo	alath
Litacyib .	Πτιφο.//ldp-sicilia.izs.garr.ii/idp/sriibbc	3
eduGAIN opt-in⁴		
Technical Contacts ⁵		
Name:	Pietro La Placa	
Position:	Resp. Servizio Editoria e Biblioteca -	- IZS Sicilia
Address:	Via Gino Marinuzzi n.3	A
Email:	pietro.laplaca@izssicilia.it	Care State
Phone:	+39 091 6565380	ii y
Name: Position: Address: Email: Phone:		
Support Email ⁶ :	idpcloud-service@garr.it	
The service is in compliance with the purpose of the Federation.		
Date: 24/01/2014		LE LL I
Dato	Acceptance by Consortium GA	ARR
On behalf of Consortium GARR		

¹The form can be filled in Italian or in English.

Please send two originals to Consortium GARR, Servizio IDEM GARR AAI, Via dei Tizii,6 00185 Roma and email a copy to idem@garr.it

NOTE: if this is the first service registration you must also fill the form to join the Federation as a Member or as a Partner.

² If you tick "Change", please fill only in the fields you want to change; leave others blank

Unique identifier which identifies each Service in IDEM Federation

⁴EduGAIN opt-in means you require that your service will be also included in eduGAIN metadata. You declare to fulfil eduGAIN policy http://www.geant.net/service/edugain/resources/Pages/home.aspx

⁵At least one is required.

Email address operating also during the absence of the Technical Contact.

⁷ Signature of the "Referente Organizzativo" or of the Organization's Legal Representative The signature must be readable or Name and Surname in block capitals must be written down. In case of a "change request", a signature of the technical contact person or of the Technical Representative is sufficient.