





Identity Provider Registration Request¹

v 2.3, 2015/10/07

9	X New	☐ Change²	☐ Removal			
Name:			istica			
EntityID³: eduGAIN opt-out⁴			boleth			
Name: Position:		Technical Contac Monica Petrella system administrator				
Address:		via Cesare Balbo, 16 00184 - Roma				
Email:		monica.petrella@istat.it				
Phone:		+390646732602				
Name: Position:						
Address:						
Email: Phone:						
Support Email ⁶ : idem@istat.it The service is in compliance with the purpose of the Federation.						
Date: 13 luglio 2016						
Applicant's signature CECILIA CATALANO						
Acceptance by Consortium GARR						
Date: On behalf of Consortium GARR						

Please send to: idem@garr.it

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

The procedure should be carried out only by email, it is not required to submit any hard copy.

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

3 Unique identifier which identifies each Service in IDEM Federation - Mandatory

4 By default when you register the IDP in IDEM Federation, your IDP will automatically be registered also in eduGAIN interfederation. EduGAIN opt-out means you explicitly require that your service be excluded from eduGAIN metadata.

5 At least one is required.

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

Please sign digitally or alternatively with original signature and stamp 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.

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







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v 2.3, 2015/10/07

	New	☐ Change ²	🔀 Removal			
Name:	Istitu	Organization ito Nazionale di Sta	ı tistica			
EntityID³: eduGAIN opt-out⁴	https:	Service s://identity.istat.it/id	p/shibboleth			
Technical Contacts⁵						
Name:						
Position:						
Address:						
Email:						
Phone:						
Name:						
Position:						
Address:						
Email:						
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