



Identity Provider Registration Request¹

v1.1, 2010/02/23

 New Change Request Removal

Organization

Name: Università Ca' Foscari Venezia

Unit Name²:

Organization site URL: www.unive.it

IdP Display Name³: Università Ca' Foscari Venezia

Web page URL⁴: http://www.unive.it/nqcontent.cfm?a_id=77958

EntityID⁵: https://idp.unive.it/idp/shibboleth

Technical Contacts⁶

Name: Giacomini Giuseppe

Position: Sistemista

Address: CSITA - Dorsoduro, 3861 - 30123 VENEZIA (VE)

Email: gigiacom@unive.it

Phone: 041 2347118

Name:

Position:

Address:

Email:

Phone:

1 The 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 End user Unit (if applicable)

3 To be displayed on WAYF server IdPs list. Might be modified by the IDEM GARR AAI service for normalization.

4 The URL of a page which describes the service, as required by NdP (*Norme di Partecipazione*) and specified in ST (*Specifiche Tecniche*) (eg. user info, Privacy Policy)


5 Unique identifier which identifies each Service in IDEM Federation

6 At least one is required.

Support Email⁷: help@unive.it

The service is in compliance with the purpose of the Federation.

Date: 15/07/2010

Applicant's signature⁸ Alberto Piotta 

Acceptance by Consortium GARR

Date:

On behalf of Consortium GARR

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- 7 Email address operating also during the absence of the Technical Contact.
 - 8 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.