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CONSORTIUM GARR



Identity Provider Registration Request¹

v1.1, 2010/02/23

New Change Request Removal

Organization

Name: CINECA
Unit Name²:
Organization site URL:
IdP Display Name³:
Web page URL⁴:
EntityID⁵: https://idp-staf-prod.cineca.it/idp/shibboleth

Technical Contacts⁶

Name:
Position:
Address:
Email:
Phone:

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:

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

Date: 28/6/2011

Applicant's signature⁸ *Roberto Zecchi*

Acceptance by Consortium GARR

Date:

On behalf of Consortium GARR

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.