



PROT. ARRIVO N. E/15833/09  
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 E 23 MAG. 2012  
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 CONSORTIUM GARR



# Identity Provider Registration Request<sup>1</sup>

v1.2, 2011/11/22

New

Change Request<sup>2</sup>

Removal

## Organization

Name: Biblioteca Braidense  
 Unit Name<sup>3</sup>: .....  
 Organization site URL: www.braidense.it

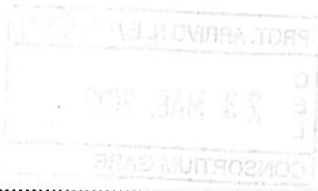
## Service

IdP Display Name<sup>4</sup>: IdP Braidense  
 Web page URL<sup>5</sup>: .....  
 EntityID<sup>6</sup>: https://idp.braidense.it/simplesaml/saml27.idp/metadata.php  
 eduGAIN opt-in<sup>7</sup>

## Technical Contacts<sup>8</sup>

Name: Aldo Coletto  
 Position: ICT Manager  
 Address: Via Brera, 28 20121 Milano (IT)  
 Email: aldo.coletto@beniculturali.it  
 Phone: +390286460907-518

- 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 If you tick "Change", please fill only in the fields you want to change; leave others blank
- 3 End user Unit (if applicable)
- 4 To be displayed on WAYF server IdPs list. Might be modified by the IDEM GARR AAI service for normalization.
- 5 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)
- 6 Unique identifier which identifies each Service in IDEM Federation
- 7 EduGAIN 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>
- 8 At least one is required.



Name: .....

Position: .....

Address: .....

Email: .....

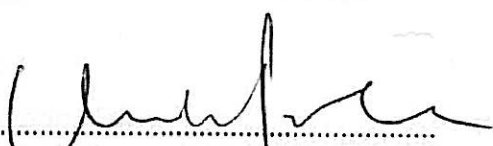
Phone: .....

Support Email<sup>9</sup>: .....

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

Date: 22/05/2012.....

Applicant's signature<sup>10</sup> .....



Andrea De Pasquale

**Acceptance by Consortium GARR**

Date: .....

On behalf of Consortium GARR .....

<sup>9</sup> Email address operating also during the absence of the Technical Contact.

<sup>10</sup> 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.