





Identity Provider Registration Request¹

Change Request ²	Removal		
Organization			
UNIVERSITA DEGLI STU	DI DI VERONA		
DIREZIONE INFORMATI	***************************************		
HITP: // WWW . UNIV	R,IT		
Service			
UNIVERSITA DI VERO	AVC		
HTTP: 11 WWW UNIV	R. IT/IDEM		
IDP-UNIVR-ATENE			
X			
Technical Contacts ⁸			
GIANCARLO PELI			
RESPONSABILE ARE			
VIA SAN FRANCESCO S	12, 37129 VERONA		
giancarlo peli @ Uni	vr .IT		
045-8028723			
	Organization UNIVERSITA DEGLI STU DIREZIONE INFORMATI HITP: // WWW. UNIV Service UNIVERSITA DI VERO HITP: // WWW. UNIV IDP-UNIVR-ATENE Technical Contacts ⁸ GIANCARLO PELI RESPONSABILE ARE VIA SAN FRANCESCO S		

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 ldPs 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.

	PROT. ABRIVO N. B. J. F. S. P. L. S.	identity Provider Registration Request V1.
Name:		m washing a
Position:	[TELE TO VEIL SEA
Address:	CONSORTIUM GARR	
Email:		
Phone:		
Support Email ⁹ :	olem@lisTe.univr.it	-
The service is in compliance with t	he purpose of the Federation.	
Date: 28 05 20-12		
Applicant's	s signature ¹⁰	- Marie
	Acceptance by Consortium GAR	R
Date:	SECOLARISE ON	
On behalf	of Consortium GARR	A

⁹ Email address operating also during the absence of the Technical Contact.
10 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.