



PROT. ARRIVO N. E/18/68  
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E 24 GIU. 2013  
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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: SISA - SCUOLA INTERNAZIONALE SUPERIORE DI STUDI AVANZATI  
Unit Name<sup>3</sup>:  
Organization site URL: www.sissa.it

## Service

IdP Display Name<sup>4</sup>: SISA  
Web page URL<sup>5</sup>: http://itcs.sissa.it/services/idem  
EntityID<sup>6</sup>: https://idp.sissa.it/idp/shibboleth  
eduGAIN opt-in<sup>7</sup>

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

Name: MASSIMILIANO RITOSA  
Position: STAFF SERVIZI INFORMATICI SISA  
Address: VIA BONOLERA 265  
Email: ritosa@sisia.it  
Phone: 040 3784552

- 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](mailto: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.

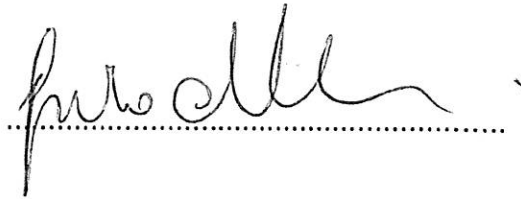
Name: .....  
Position: .....  
Address: .....  
Email: .....  
Phone: .....

Support Email<sup>9</sup>: .....helpdesk@siss2.it.....

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

Date: .....18 GIU 2013.....

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



Acceptance by Consortium GARR

Date: .....

On behalf of Consortium GARR .....

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.

ITCS: Ah

