



Identity Provider Registration Request¹

v 2.3, 2015/10/07

New Change² Removal

Organization

Name: **IRCCS Pascale - Napoli**

Service

EntityID³: **https://idp-intna.irccs.garr.it/idp/shibboleth**

eduGAIN opt-out⁴

Technical Contacts⁵

Name: **GIANNI CARLO FATALO'**
Position: **TECHNICAL ASSISTANCE**
Address: **VIA MARIANO SEMMOLA 1 80131 NAPLES (ITALY)**
Email: **G.FATALO@ISTITUTOTUMORI.NA.IT**
Phone: **00393337231668**

Name:
Position:
Address:
Email:
Phone:

Support Email⁶: **P.DELPRETE@ISTITUTOTUMORI.NA.IT**

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

Date: **25/01/2018**

Applicant's signature⁷ **PAOLA DEL PRETE**

Acceptance by Consortium GARR

Date:

On behalf of Consortium GARR

1 The form can be filled in Italian or in English.
Please send to: idem@garr.it
NOTE: if this is the first service registration you must also fill the form for joining the Federation as a Member or as a Partner.
The procedure should be carried out only by email, it is not required to submit any hard copy.
2 If you tick "Change", please fill only in the fields you want to change; leave others blank
3 Unique identifier which identifies each Service in IDEM Federation - Mandatory
4 By default when you register the IDP in IDEM Federation, your IDP will automatically be registered also in eduGAIN interederation. EduGAIN opt-out means you explicitly require that your service be excluded from eduGAIN metadata.
5 At least one is required.
6 Email address operating also during the absence of the Technical Contact.
7 **Please sign digitally or alternatively with original signature and stamp** 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.