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CONSORTIUM GARR



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

v1.1, 2010/02/23

New

Change Request

Removal

## Organization

Name: UNIVERSITA' DEGLI STUDI DI NAPOLI FEDERICO II  
Unit Name<sup>2</sup>:  
Organization site URL: WWW.UNINA.IT  
IdP Display Name<sup>3</sup>: UNIVERSITA' DI NAPOLI FEDERICO II  
Web page URL<sup>4</sup>: HTTPS://IDEM.SHIB.B.UNINA.IT  
EntityID<sup>5</sup>: HTTPS://IDEM.SHIB.B.UNINA.IT/IDP/SHIBBOLETH

## Technical Contacts<sup>6</sup>

Name: GIULIANI BATTISTA BAMBONE  
Position: RESPONSABILE DIVISIONE SISTEMI  
Address: C.S.I.: VIA MEZZOCANNOLE 2 80133 NAPOLI  
Email: GIULIANI.BATTISTA.BAMBONE@UNINA.IT  
Phone: 081 2537 308

Name: GIUSEPPE VITABLIANO  
Position: CONTACTO IDEM  
Address: C.S.I.: VIA MEZZOCANNOLE 2 80133 NAPOLI  
Email: GIUSEPPE.VITABLIANO@UNINA.IT  
Phone: 081 2537 336

- 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 Email<sup>7</sup>: CONTACTCENTER@UNINA.IT

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

Date: .....

Applicant's signature<sup>8</sup> .....



**Acceptance by Consortium GARR**

Date: .....

On behalf of Consortium GARR .....

<sup>7</sup> Email address operating also during the absence of the Technical Contact.  
<sup>8</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.