





Identity Provider Registration Request¹

New	Change Request ²		Removal
Organization			
Name:	GARR		
Service			
EntityID ³ :	https://garr-idp-prod.irccs.garr	:it/idp/shibboleth	
eduGAIN opt-in ⁴			
Technical Contacts⁵			
Name:	Pasquale Mandato		
Position:	sistemista		
Address:	Via dei Tizii, 6 – I-00185 Rom		
Email:	pasquale.mandato@garr.it		
Phone:	.+39 06 4962 2528		
Name:	Cristiano Valli		
Position:	responsabile sistemi		
Address:	Via dei Tizii, 6 - I-00185 Rom	a	
Email:	cristiano.valli@garr.it		
Phone:	.+39 06 4962 2527		
Support Email ⁶ :	system.support@garr.it		
The service is in compliance with the purpose of the Federation.			
Date: 27,072013 Applicant's signature ⁷			
Acceptance by Consortium GARR Date:			
	alf of Consortium GARR	· ·	

¹The 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.

²If you tick "Change", please fill only in the fields you want to change; leave others blank

Unique identifier which identifies each Service in IDEM Federation

⁴EduGAIN 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

⁵At least one is required.

 $^{{\}rm ^{6}Email}$ address operating also during the absence of the Technical Contact.

⁷ 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.