





Identity Provider Registration Request¹

New	Change Request	Removal			
Organization					
Name:	UNIVERSITÀ DEGLI STUDI	DI MILANO-BICOCCA			
Unit Name²:					
Organization site URL:	HTTP:// WWW. UNIMIBIT				
IdP Display Name3:	UNIVERSITÀ REGLI STUDI DI	MILANO-BICOCCA			
Web page URL⁴:	HTTP:// WEB1.SI_UNIMIB.IT	/ IDEM			
EntityID ⁵ :	HTTPS://IDP.UNIMIB.IT /IDP/SHIBBOLETH				
Technical Contacts ⁶					
Name:	FABIO SPECTA				
Position:	CAPO UFFICIO SISTEMI DI RETE				
Address:	VIA COZZI 53 20125				
Email:	FABIO. SPELTA 6 UNIMIB.	***************************************			
Phone:	+393280731002 +	390264485533			
Name:	ETTORE VIRZI				
Position:	CAPO SETTORE SISTEMI E SERVILLI				
Address:	VIA COZZI 53 20125	Solding of the control of the contro			
Email:	ETTORE, VIRZIE UNIMIB, 1-				
Phone:	+39 335 57 95 808 +	33 64485537			

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 fto 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.

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Support Email ⁷ :	5151EMI (6) ON	1//118. [[
The service is in comp	oliance with the purpose of the Federation.	Area Sistemi Informații Universită degli Studi di Milune: Piece Via Roberio Cozzi, 53 - 20125 Milini		
Date: 05/07/2	010	Tell +39.02.64485500 - Fax +39.02.6448555		
	Applicant's signature	lle Strolei		
	(Luisell A	SIRONI)		
Acceptance by Consortium GARR				
Date:				
	On behalf of Consortium GARR			
	On behall of Consolitum GARK			

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

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.