



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

v1.1, 2010/02/23

New

Change Request

Removal

## Organization

Name: .....

Unit Name<sup>2</sup>: .....

Organization site URL: .....

IdP Display Name<sup>3</sup>: .....

Web page URL<sup>4</sup>: .....

EntityID<sup>5</sup>: .....

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

Name: .....

Position: .....

Address: .....

Email: .....

Phone: .....

Name: .....

Position: .....

Address: .....

Email: .....

Phone: .....

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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 an e-mail 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.

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>: .....

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 .....

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

8 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.