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CONSORTIUM GARR



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

v1.1, 2010/02/23

New

Change Request

Removal

## Organization

Name: Alma Mater Studiorum - Università di Bologna  
Unit Name<sup>2</sup>:  
Organization site URL: <http://www.unibo.it>  
IdP Display Name<sup>3</sup>: Università di Bologna  
Web page URL<sup>4</sup>: <http://www.unibo.it/idem>  
EntityID<sup>5</sup>: <http://idp.unibo.it/adfs/services/trust>

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

Name: Aldo Schiavina  
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Name: Cristian Mezzetti  
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Phone: +39 051 20 9 5845

- 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](mailto: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>: .....assistenza.cesia@unibo.it.....

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

Date: .....23/7/2010.....

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

**Acceptance by Consortium GARR**

Date: .....

On behalf of Consortium GARR .....

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.