

Maeen Federation Identity Provider Subscription Form

Please e-mail the completed form to helpdesk@maeen.sa

Organization	
Name	
Web Site	
Address	
Type (e.g. University)	
Administrative Contact	
Full Name	
Position	
Email Address	
Phone Number	
Technical Contact	
Full Name	
Position	
Email Address	
Phone Number	
Identity Provider Information	
IdP Display Name	
Entity ID (e.g. https://idp.maeen.sa/idp/shibboleth)	
Scope (e.g. maeen.sa)	

I have read the Federation Policy and if my application is approved by Maeen Federation, I agree that my organization will be bound by the Federation Policy as amended from time to time.

Signature and Full Name

Organization stamp

Date