



***AAIEduMK***

## **Registration Form**

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<b>Last Modified</b>	7.9.2015
<b>Version</b>	0.1

**AAIEduMK Registration form**

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Organization information

Type of organization:

Identity Provider

Service Provider

Organization name:

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Organization postal address:

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Web site address:

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Administrative contact person for the agreement:

Full name:

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E-Mail:

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Phone:

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Technical contact person:

Full name:

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E-Mail:

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Phone:

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**Acknowledgment**

I have read and understand the POLICIES for AAIEduMK Federation, and agree to abide by the terms set forth herein.

Date of signing

Signature

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