Organisation Contact Person

Please supply details of your organisation.

Organisation Name

AARNet Domain	Switch Telephone Number

Postal Address

The contact below should be a senior person, who can be contacted for security matters of an extreme nature which potentially have a serious impact on the organisation. This person will be contacted should we be unable to reach the primary and alternate contacts.

Organisation Contact Person — Title and Full Name	Telephone Number

Position	Fax

Postal Address	After Hours Telephone Number (Optional)

Email Address

I have read and understood the requirements of this document and Conditions and Liability Statement included as part of this registration form.

Signature	Date

Main computer systems in use

Please supply the brands of equipment in use along with the general architecture type, and some indication of operating systems used or any relevant additional or third party software. This information will be used to ascertain whether your site may be vulnerable to a particular security problem. (Please attach additional information.)

IP Address Ranges Covered by this Registration: