

This Agreement made this _____ day of _____, _____ between _____
 Producer, and _____, Performer.

1. SERVICES. Producer engages Performer and Performer agrees to perform services in a program tentatively entitled _____
 to portray the role of _____
 to be produced on behalf of _____ (client).

2. CATEGORY. Indicate the initial primary use of the program. Cat. I (Industrial/Educational) Cat. II Point of Purchase (Inc. Cat I)

3. NUMBER OF CLIENTS. Indicate the number of clients for which the program will be used. _____

4. TERM. Performer's employment shall be for the continuous period commencing _____ and continuing until completion of
 photography and recodation of said role. Exception (for Day Performers Only) Performer may be dismissed and recalled without payment for
 intervening period provided Performer is given a firm recall date at time of engagement. If applicable, Performer's firm recall date is _____

5. COMPENSATION. Producer employs Performer as On-Camera Off-Camera On-Camera Narrator/Spokesperson
 Day Performer 1/2 Day Performer (restricted terms) Singer, Solo/Duo General Background Actor
 3-Day Performer Dancer, Solo/Duo Singer, Group Special Ability Background Actor
 Weekly Performer Dancer, Group Singer, Step Out Silent Bit Background Actor

at the salary of: On-Camera _____ per Day 3-Day Week
 Off-Camera _____ for the first hour, _____ for each additional half hour.

Producer must mail payment not later than thirty (30) calendar days after employment.

6. OVERTIME. All overtime rates MUST be computed on Performer's full contractual rate, up to permitted ceilings (NO CREDITING). Straight time is 1/8th
 of Day Performer's Rate, 1/24th of 3-Day Performer's Rate, 1/40th of Weekly Performer's Rate. Time-and-one-half rate: payable per hour (1.5 x
 straight time rate.) Double time rate: payable per hour (2 x straight time rate). See the Basic Contract for details. Weekly and 3-Day Performer for
 time-and-one-half and doubletime rates per hour.

7. WEEKLY CONVERSION RATE. See the applicable Basic Contract for details (Day Performer or 3-Day Performers Only).

The Performer's weekly conversion rate is _____ per week.

8. PAYMENT ADDRESS. Performer's payment shall be sent to the appropriate Union office in city nearest recording site.

8A. Agent Name and Address _____

9. ADDITIONAL COMPENSATION FOR SUPPLEMENTAL USE - Producer may acquire the following supplemental use rights by the payment of the indicated
 amounts. (Check appropriate items below.) See the applicable Basic Contract for details of payment.

	Within 90 Days (Total Applicable Salary)	Beyond 90 Days (Total Applicable Salary)
<input type="checkbox"/> A. Basic Cable Television, 3 Years. Basic Cable Television Supplemental Use rights are a % of the total actual salary	15%	65%
<input type="checkbox"/> B. Non-Network Television, unlimited runs	75%	125%
<input type="checkbox"/> C. Theatrical Exhibition, unlimited runs	100%	150%
<input type="checkbox"/> D. Foreign Television, unlimited runs outside US and Canada	25%	75%
<input type="checkbox"/> E. Internet	33%	50%
<input type="checkbox"/> F. Integration and/or Customization	100%	100%
<input type="checkbox"/> G. Sale and/or Rental to Industry	15%	25%
<input type="checkbox"/> H. "Package" Rights to A, B, C, D, E, F and G above	200%	Not Available
<input type="checkbox"/> I. Category II (point of purchase of Category I program only)	50%	100%
<input type="checkbox"/> J. Network Television (available only by prior negotiation with and approval of the Union)		
<input type="checkbox"/> K. Pay Cable Television (available only by prior negotiation with and approval of the Union)		
<input type="checkbox"/> M. Group Dancers (See Basic Contract for payment provisions)		
<input type="checkbox"/> N. Program for Government Service Only	40%	Not Available
<input type="checkbox"/> Performer does not consent the use of his/her services made hereunder for Network Television.		
<input type="checkbox"/> Performer does not consent the use of his/her services made hereunder for Pay Cable Television.		

10. SALE AND/OR RENTAL OF PROGRAMS TO THE GENERAL PUBLIC. Producer may acquire sale/rental rights for an additional 200% of scale for the
 number of days worked.

11. WARDROBE. If Principal Performer furnishes own wardrobe, the following fees shall apply for each two-day period or portion thereof:

Ordinary Wardrobe _____ (\$19 Minimum); Evening or Formal Wear _____ (\$29 Minimum)

If Extra Performer furnishes own wardrobe, the following fees shall apply:

Ordinary Wardrobe, 1st change @ \$17 Yes; _____ # add'l changes @\$6 ea.; Formal/Dress/Period Wear _____ # costume changes @\$28 ea.

12. SPECIAL PROVISIONS.

13. GENERAL. All Terms and conditions of the current Non-Broadcast/Industrial/Educational Recorded Materials Contract (Basic Contract) shall be applicable
 to such employment.

Producer _____ Signature _____ Performer _____ Signature _____
 by _____ Name & Title _____ Soc Sec # _____
 Address _____ Address _____
 City, State, Zip _____ City, State, Zip _____

Producer _____
Client _____
Title _____
Performer _____

Dates Worked	Work Time From/To	Meals From/To	Travel to Location From/To	Travel from Location From/To	Fittings, Makeup, Test If on day prior to shooting From/To

Performer's Signature or Initials: _____

Employer of Record for Income Tax & Unemployment Insurance is:
 Spotlight Payroll, Inc., 20 N. Wacker Dr., Suite 2500, Chicago, IL 60606 312-726-4404

Performer's phone number is _____
Performer's email address is _____

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate For Privacy Act and Paperwork Reduction Notice, see reverse.	OMB No. 1545-0010 2010
Type or print your first name, middle initial and last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: if married, but legally separated, or spouse is nonresident alien, check the Single box.
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. > <input type="checkbox"/>
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . . .		5 _____
6 Additional amount, if any, you want withheld from each paycheck.		6 \$ _____
7 I claim exemption from withholding for 2010 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here. >		7 _____
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.		
Employee's Signature >		Date >
8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)		9 Office code (optional)
		10 Employer identification number