

SIGNATURE

"Producer" Name/Company (Employer): Address: Address (for all notices and payment): Contact Numbers (Telephone/Fax/Mobile): Home/Office: Mobile: Fax: Messaging Service/Mobile:	This Agreement covers the en	mployment of Performer by Producer in a made for New Media program.
Name:	1. PARTIES:	"Doutous ou"
Social Security #:_ Address:		
Address: Address (for all notices and payment):	Name/Company (Employer):	
Contact Numbers (Telephone/Fax/Mobile): Check here if the above is Agent Address		_
Home/Office:	Address:	Address (for all notices and payment):
Home/Office:		_
Home/Office:		_
Home/Office:		
Mobile:	Contact Numbers (Telephone/Fax/Mobile):	Check here if the above is Agent Address
Fax:	Home/Office:	
Email:	Mobile:	Home:
Other:	Fax:	Messaging Service/Mobile:
2. DEAL TERMS: A. New Media Program Title: B. Performer's Role: C. Exhibition URL(s) and Services: D. Date(s) of Performer Services: E. Compensation: Producer shall make conflibutions to the AFTRA Health and Retirement Fund at the current rates specified in the Network Television Cor all compensation paid to Performer. Producer and Performer may freely bargain with respect to Performer compensation, with respect to minimum rates set for the New Media Agreement, if any. Performer Compensation shall be the following (Please attach a rider if additional space is needed to describe the deal term Insert here the rate (or deferred rate) for work in a regular workday: \$/per day, and (note any additional negotiated compensation belinger there the agreed number of hours in a regular workday:/per day.) Insert here the agreed number of hours in a regular workday:/per hour. (For example, not to be less than time one-half for hours eight (8)-through, twelve (12) and double time for each hour thereafter.) Check the box if the rate is deterred:	Email:	Email:
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