## EXHIBIT "C-2"

## **DIRECTOR DEAL MEMORANDUM (TELEVISION)**

This confirms our agreement to employ you to direct the project described as follows:

## DIRECTOR INFORMATION\_\_\_\_\_ Name:\_\_\_\_\_\_ SSN#:\_\_\_\_\_ Loan-out:\_\_\_\_\_\_ FID #:\_\_\_\_\_ Address:\_\_\_\_\_ Tel.#:\_\_\_\_\_ Salary (U.S. dollars): \$\_\_\_\_\_ □ per Film □ per Week □ per Day Additional Time: \$ □ per Week □ per Day Start Date (on or about):\_\_\_\_\_ Guaranteed Period: Days Weeks (optional) If this is the employee's first DGA-covered employment, check here: □ Yes PROJECT INFORMATION\_\_\_\_\_ Project Title: Episode/Segment Title: Project ID#: Length of Program: $\square$ 30 min $\square$ 60 min $\square$ 90 min $\square$ 120 min □ Other (specify length): Type of Production: □ Multi-Camera □ Single Camera Is this a Pilot? □ Yes □ No Produced Primarily for: □ Network Prime Time □ Network Non-Prime Time □ Basic Cable □ Pay TV □ Non-Network Prime Time □ Non-Network Non-Prime Time □ Videodisc/Videocassette

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	If this is a multi-camera prim produced prior to February 1	e time dramatic series, were any episodes 0, 2002? □ Yes □ No
	If this is a dramatic program budget?	made primarily for basic cable, what is the (U.S. dollars)
	subscribers to the pay televis	nainly for pay television, is the number of ion service(s) to which the program is licensed mployment 6,000,000 or less?   Yes  No
	\$5,000,000 or more? □ Ye	
	Check, if applicable: □ Second Unit Director □ Segment  Individual having final cutting authority over the film is:  Other Conditions (including credit above minimum):  You hereby authorize your Employer,	
	will pay the amount so deduc	ted directly to the Pension Plan on your behalf.
EMPI PAY T REQU	LOYEE AT ANY TIME SUB THE BALANCE OF ANY CO	S THE RIGHT TO DISCHARGE THE JECT <u>ONLY</u> TO THE OBLIGATION TO OMPENSATION DUE, TO THE EXTENT C AGREEMENT, TO WHICH THIS
Accep	pted and Agreed:	Signatory Co. (print):
Emplo	oyee:	By:
Date:		Date:

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