ACTRA COMMERCIAL ENGAGEMENT CONTRACT						NATIONAL-NUMBER OF COMMERCIALS TV			NEW MEDIA-V			TAG	TV	RADI	O NEW	/ MEDIA
PART A TO BE COMPLETED PRIOR TO PRODUCTION	CONTRACT#			BRANCH CODE	DEMO	TV RADIO	PRESEN	TATION DE		ERCIAL	REGION	AL CHANGE				
(NAME OF ENGAGER) (AGENCY PRODUCER) AGENCY						TV RADIO		DEALER	TV RADIO	D	OUBLE SHO			DINT PR	OMO	
ADDRESS					LOCAL AN	ND REGIONAL	ADDENDI	IM-NIIM	ARER OF COM	ΛΕΚCΙΔΙ	<u> </u>					
SPONSOR					Cat. #	TV RADIO		-			NEW MEDIA TO	BROADCAST	BROADCAST	TO NEW ME	DIA	OTHER
PRODUCT					SHORT L	IFE ADDENDUI	M-NUMB	ER OF CO	OMMERCIALS							
PRODUCTION HOUSE CHECK IF PAYING SESSION FEE SESSION FEE					7 DAYS 14 DAYS 31 DAYS 45 DAYS RADIO											
ADDRESS					TV BROADC	CAST TO NEW MED	DIA	NEV	W MEDIA BROAD	CAST TO TV	1	NEW ME	DIA TO	OTHER I	MEDIA	
CONTRACTS WITH	(CORPO	DRATE NAME WE	HERE APPLICABLE)													
TO SUPPLY THE (PERFORMER NAME) SERVICES OF					US USE AF	RTICLE 2403 ART	F 2404	USE/N (OTHER COUNTRIE	S	ARTICLE 24	105	А	RTICLE	2406	
PERFORMER ADDRES	(STREET)			COMMERCI	IAL NAL S/NUM	SERS/LEN S	TH				OOCKET				
(CITY)	(PROVINCE)		(POSTAL	CODE)	OTHER	III										
(TELEPHONE) (EMAIL)					SESSIO PL	SESSIO FEE (INSERT DETAILS OF FEES ABOVE MINIMUM WHERE APPLICABLE: OR "MINIMUM FEES") RESIDUAL FEES OTHER FEES										
SOCIAL INSURANCE NUI	MBER	GST/HS QST#	ST#		THISE. NOT IS	S SUL OT TO ALL THE TERM	IS AND CONDITION	NS OF THE NATIO	DNAL COMMERCIAL AGREEI	MENT FOR PERFO	RMERS IN COMM	IERCIALS NEGOTIA	TED BY ACTR	A AND THE	ICA/ACA.	
DATE OF BIRTH IF MINOR UNDER 18 TALENT AGENCY					TRFOP	TERFOR CENT MARDIAN SIGNATURE					DATE					
PERFORMANCE CATEGORY FULL MEMBER # PERMIT #					PROTEICER SIG	PRO CER SIGNATURE					DATE					
	APPRENTICE #			~		IS IMPORTANT THAT THE F		RT BE COMPLETE	D AT THE END OF PRODUC	ON AND FORWA	ARDED TO ACTRA	WITHIN 48 HOURS	TO ENSURE I	PROPER PAY	MENT. ME	MBERS
DATE 1	RAVEL TIME TO LOCATION	CALL TIME	MEAL TII	ME FINISH	•	TRAVEL TIME	1E D	ATE			CALL ⁻	ГІМЕ		FINISH	TIME	
									WARDROBE CALL REHEARSAL							
								HOLDING CALL SUBSTANTIAL SNACK								
							SUBS			YES	YES			NO		
PLEASE NOTE THAT PAYMENT THE WORK SESSION IN ORDER	FOR THIS WORK SESSION MITTO AVOID LATE PAYMENT P	N 15 BUSINESS DAYS	S AFTER COMPLETION O	PERFORMER INITIALS a INDICATE WHICHEVER IS APPLICABLE TO			AGREE		ENGAGER/REPRESENTA			VE				

MUST BE USED WHEN SUBMITTING PAYMENTS. ACTRA DOES NOT INVOICE FOR SESSION AND RESIDUAL FEES

INITIALS

DISAGREE

THIS CONTRACT