

## 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: ☐ 30 min ☐ 60 min ☐ 90 min ☐ 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

If this is a project produced mainly for pay television, is the number of subscribers to the pay television service(s) to which the program is licensed at the time of the Director's employment 6,000,000 or less? ☐ Yes ☐ No

If this is a project produced mainly for pay television, is the budget \$5,000,000 or more? ☐ Yes ☐ No

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, \_\_\_\_\_, to deduct from the salary payable to you the amount specified in the Directors Guild of America Basic Agreement as the employee's contribution to the Directors Guild of America – Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on your behalf.

THE UNDERSIGNED RESERVES THE RIGHT TO DISCHARGE THE EMPLOYEE AT ANY TIME SUBJECT ONLY TO THE OBLIGATION TO PAY THE BALANCE OF ANY COMPENSATION DUE, TO THE EXTENT REQUIRED BY THE DGA BASIC AGREEMENT, TO WHICH THIS EMPLOYMENT IS SUBJECT.

Accepted and Agreed:

Signatory

Employer: \_\_\_\_\_  
(print)

Employee: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_