EXHIBIT "C-5"

UNIT PRODUCTION MANAGER, ASSISTANT DIRECTOR, ASSOCIATE DIRECTOR – TERM DEAL MEMORANDUM

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

AD/UPM INFORMATION

Name:	SSN# (last 4 digits):	
Loan-out:	FID #:	
Address:	Tel.#:	
Category:		
☐ Unit Production Manager	☐ Additional Second Assistant Director	
☐ First Assistant Director	□ 2nd Second Assistant Director -	
	Location Manager (NY/Chicago only)	
☐ Key Second Assistant Director	□ Associate Director (line cut)	
□ 2nd Second Assistant Director	□ Associate Director (no line cut)	
Start Date (on or about):	Guaranteed Period: Weeks	
Salary (U.S.): \$ and shall be prorated thereafter at the rate of \$ per Week □ per 3 Days □ per Day		
Other Conditions:		
PROJECT INFORMATION		
Series or Project Title:		
Episode #: Episode/Se	Episode/Segment Title:	

Type of Production	roduction: □ Feature □ Multi-Camera Prime Time Dramatic □ Other Television □ High Budget SVOD Program (as defined in Sideletter No. 35 of the BA)			
If High Budget SV Name of pla		ase also indicate: rogram is made:		
_	ligh Budget SVOI n □ 36-65 min	O Program: □ 66-95 min □ 96 n	nin or more	
Location (choose one or both): □ Studio □ Distant Location (City/State or Country):				
Budget for Basic Cable Dramatic Programming (check one):				
30 minutes:	□ < \$550,000	$\square \ge $550,000 \text{ and} \le $937,660$	□ > \$937,660	
31-60 minutes:	□ < \$1,200,000	$\square \ge \$1,200,000 \text{ and} \le \$1,493,500$	□ >\$1,493,500	
61-120 minutes:	□ < \$2,750,000	$\square \ge \$2,750,000$ and $\le \$4,635,000$	□ >\$4,635,000	
This employment agreement shall be subject to termination in the event of any incapacity or default of the Employee or in the case of any suspension or postponement of production by reason of strikes, acts of God, governmental action, regulations, or decrees, or for any other customary "force majeure" reason.				
This employment is subject to the provisions of the Directors Guild of America, Inc., Basic Agreement.				
Accepted and Agre	eed:			
Signatory Employer (Company Name):(print)				
		(pr	rint)	
Signatory Employe	er Representative	Signature:		
Date:	_			
Employee Signatu	re:	Da	nte:	