

EXHIBIT "E"

DIRECTOR DEAL MEMORANDUM

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

DIRECTOR INFORMATION_____

Name:_____SSN# (last 4 digits):_____

Loan out:_____ FID #:_____

Address:_____ Tel. #:_____

Start Date (on or about):_____ Guaranteed Period:_____
☐ Days ☐ Weeks

Salary (U.S.): \$_____ ☐ per Program ☐ per Week ☐ per Day

Additional Time: \$_____ ☐ per Week ☐ per Day

Check, if applicable: ☐ Second Unit Director ☐ Segment ☐ Added Scenes/Retakes

Additional Terms:_____

PROJECT INFORMATION_____

Picture or Series Title:_____

Episode #:_____ Episode/Segment Title:_____

Length of Television Program: ☐ 30 min ☐ 60 min ☐ 90 min
☐ 120 min ☐ Other (specify length):_____

If this is for Segment work, check here: ☐ Segment (specify length): _____

Is this a Pilot? ☐ Yes ☐ No

Produced Primarily for: ☐ Network ☐ Non-Network ☐ Basic Cable
☐ Pay TV ☐ Videodisc/Videocassette

Type of Show (choose one from each box, as applicable):

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Dramatic (includes sitcoms, pilots & presentations) <input type="checkbox"/> Quiz & Game <input type="checkbox"/> Variety <input type="checkbox"/> Sports (specify event): _____ <input type="checkbox"/> News & Commentary <input type="checkbox"/> Local Freelance <input type="checkbox"/> All Other | <input type="checkbox"/> Series produced prior to February 10, 2002 <input type="checkbox"/> Series produced after February 10, 2002 <input type="checkbox"/> Strip - 5 per week <input type="checkbox"/> Movie or Mini-Series <input type="checkbox"/> Other _____ | <input type="checkbox"/> High Budget <input type="checkbox"/> Low Budget <input type="checkbox"/> Live Broadcast | <input type="checkbox"/> Prime Time <input type="checkbox"/> Non-Prime Time |
|--|---|--|--|

The Employee hereby authorizes the Employer to deduct from his or her salary the amount specified in the Directors Guild of America Freelance Live & Tape Television 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 the Employee's behalf.

This employment is subject to the provisions of the Directors Guild of America, Inc., Freelance Live & Tape Television Agreement.

Accepted and Agreed:

Signatory Employer (Company Name): _____

Signatory Employer Representative Signature: _____

Date: _____

Employee Signature: _____ Date: _____