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JOB INFORMATION/CONTACT SHEET

JOB INFORMATION

CONTACT DATE:
[Date Producer contacts RMW] _____

SHOOT/ PROJECT DATES:
[Whichever is applicable] _____

ADVERTISER: _____
PRODUCT: _____
JOB TITLE: _____

CONTACT INFORMATION

AICP MEMBER: _____
CONTACT: _____
PHONE: _____ EMAIL: _____
ADDRESS: _____

AGENCY: _____
[State full name of Agency including city if applicable]
BUSINESS MANAGER: _____
PHONE: _____ EMAIL: _____
ADDRESS: _____

AGENCY LEGAL
COUNSEL: _____
[State name of law firm or in-house]
ATTORNEY: _____
PHONE: _____ EMAIL: _____
ADDRESS: _____

AGENCY HOLDING COMPANY [If applicable]: _____

IS AGENCY OR ADVERTISER SUPPLYING THE INSURANCE FOR THE PROJECT? ___ YES ___ NO

IF YES, WRAP-UP INS. BROKER: _____

ATTACHMENTS

- | | | | |
|---------------------------------|--------------------------|------------------|--------------------------|
| Production Contract | <input type="checkbox"/> | Wrap-up Addendum | <input type="checkbox"/> |
| Confidentiality Agreement (NDA) | <input type="checkbox"/> | Purchase Order | <input type="checkbox"/> |
| Editorial Payment Assignment | <input type="checkbox"/> | Other | <input type="checkbox"/> |
- _____