

University of Rochester International Theatre Program

VISITING / GUEST ARTIST / ADJUNCT INFORMATION FORM

Please fill out the following form and return/fax it to
UR International Theatre Program; 500 Joseph C Wilson Blvd; Todd Union 207; Rochester, NY 14627
Tel (585) 275-4959 Fax (585) 461-4547

NAME: _____ (as it appears on ID travel documents; for all official correspondence, contracts, tax forms, etc.)

ADDRESS: _____

_____ **E-MAIL:** _____

TEL (home): (____) _____ **(work):** (____) _____ **(cell):** (____) _____

FAX (home): (____) _____ **(work):** (____) _____ **(other):** (____) _____

DATE OF BIRTH (mm/dd/yy): ____/____/____ (Required for making airline reservations!)

PRODUCTION/CLASS: _____ **SEMESTER:** FALL SPRING YEAR _____

DIRECTOR **SETS** **COSTUMES** **LIGHTS** **SOUND** **OTHER** **ADJUNCT**

WHEN TRAVELING TO ROCHESTER, I would prefer to travel by: Plane Train Car

FLIGHT SEATING PREFERENCES: Window Aisle **JETBLUE (TRUEBLUE) NUMBER:** _____

OTHER FREQUENT FLYER NUMBER: _____ **AIRLINE:** _____

KNOWN TRAVELER ID: _____

ANY SPECIAL NEEDS: _____

ARE YOU A MEMBER OF A DESIGNER'S UNION? Yes No

IF YES, PLEASE LET US KNOW WHICH UNION: _____

(Please Note: the University's procedure for hiring union workers differs significantly from standard independent contractor hiring. It also alters the payment schedule for those wishing to work under a union contract. Please refer to your contract letter regarding the extent of our contribution to union P & W. For details of payment and payment schedules, please contact Katie Farrell, Theatre Program Administrator.)

ADDITIONALLY:

- Please email a **resume** and program **bio** to katie.farrell@mail.rochester.edu.
- *For adjuncts who are not directing a production:* please email a short prose **course description** and a **syllabus** by _____ to katie.farrell@rochester.edu.

CHECKLIST OF THINGS TO RETURN

- Contract Letter/s
- Rider (*for Designers*)
- Visiting Artists Form
- Independent Contractor Forms
 - Independent Contractor Determination & Certification
 - Professional Services Agreement
 - W-9 form
- Adjunct Appointment Forms (*REQUIRED by the Dean's Office*)
 - Intellectual Property Agreement
 - Voluntary Self-Identification of Disability
 - Invitation to Self-Identify as Protected Veteran
 - Personal Data Record
- USA *Project Only* Contract
- Copy of ID (Driver's License or Passport)
- Resume/CV (**please email** to katie.farrell@rochester.edu)
- Program/Prose Bio (**please email** to katie.farrell@rochester.edu)
- Course Description, if applicable (**please email** to katie.farrell@rochester.edu)
- Syllabus, if applicable (**please email** to katie.farrell@rochester.edu)
- Visiting Artist Damage Waiver
- (*For Visiting Directors*) Title, Author/s-Translator/s, ISBN, Publisher, Edition *or* hardcopy of **the text of your production**. This will be the text used by actors, stage management, and prescribed for classes. A copy will also be put on Library Reserve.
- (*For Visiting Directors*) Title, Author/s-Translator/s, ISBN, Publisher, Edition *or* hardcopy of **any supplemental texts** which you would like actors or students to read or purchase. **Please specify with each text whether this is a text you wish students to purchase** or whether it is sufficient for these texts solely to be placed on Library Reserve.
- (*For Adjuncts/Lecturers*) Title, Author/s-Translator/s, ISBN, Publisher, Edition *or* hardcopy of **any texts** which you would like your students to read, have access to, or purchase. **Please specify with each text whether this is a text you wish students to purchase** or whether it is sufficient for these texts solely to be placed on Library Reserve.