

**VISITING / GUEST ARTIST / ADJUNCT INFORMATION FORM**

Please fill out the following form and return/fax it to  
UR International Theatre Program; Todd Union 107; Rochester, NY 14627  
Tel (585) 275-4959 Fax (585) 461-4547

**NAME:** \_\_\_\_\_ (for all official correspondence, contacts, tax forms, etc.)

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**TEL (home):** (\_\_\_\_) \_\_\_\_\_ **(work):** (\_\_\_\_) \_\_\_\_\_ **(cell):** (\_\_\_\_) \_\_\_\_\_

**FAX (home):** (\_\_\_\_) \_\_\_\_\_ **(work):** (\_\_\_\_) \_\_\_\_\_ **(other):** (\_\_\_\_) \_\_\_\_\_

**DATE OF BIRTH (mm/dd/yy):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SOC. SEC. #:** \_\_\_\_\_

**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**

**ACCOMMODATION ROOM PREFERENCE:** **Smoking**      **Non-smoking**

**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. **Please include a union Letter of Agreement when returning this form.**)

**ENCLOSED YOU WILL FIND THE FOLLOWING FORMS:**

- I-9
- W-9
- Other: \_\_\_\_\_

• Please fill these out and return them (with additional highlighted items) to us.

**ADDITIONALLY:**

- Please include a **resume** and program **bio** with your return materials.
- *For adjuncts who are not directing a production:* please send a short prose **course description** and a **syllabus** (.doc format please) by \_\_\_\_\_

## CHECKLIST OF THINGS TO RETURN

- Visiting Artist Form
- Contract Letter
- Employment Application (if applicable)
- Copy of ID (both Drivers License *and* Social Security Card; or Passport only)
- Purchasing Card (P-Card) application (*Costume Designers only*)
- W-9
- I-9
- Union Letter of Agreement (if applicable)
- Resume/CV
- Program/Prose Bio
- Course Description
- Syllabus
- 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.