Signature of Authonzed Agent		Phone Number	City, S	Ad		Authonized Agent Name (Please Print)	Name of Company (Employer)											LAST NAME, FIRST	NAME	PRODUCTION: LOCATION: DATE:	MOVING PICTURE TE 1001 NW 62nd STREI Phone: (954) 202-2624	INTERNATIONAL ALL	R	
		Fax Number	City, State, Zip	Address														SECURITY No.	SOCIAL	STION:	E TECHNICIANS, ARTISTS, AND LOCAL 500 STEWARD REPORT TREET, Suite 220, FORT LAUDER 324 Fax: (954) 772-4713 E-mail: offic	IANCE OF THEA		
																		HRS RATE	REGULAR HRS		INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES, MOVING PICTURE TECHNICIANS, ARTISTS, AND ALLIED CRAFTS LOCAL 500 STEWARD REPORT 1001 NW 62nd STREET, Suite 220, FORT LAUDERDALE, FL 33309 Phone: (954) 202-2624 Fax: (954) 772-4713 E-mail: office@iatselocal500.org	TRICAL STAC		
Make the 5% Referral Hall Fee check payable to I.A. T.S.E. Local 500 and mail to 1001 NW 62nd Street, Suite 220, FORT LAUDERDALE, FL 33309	ONT	AU IHORIZED AGEN I AGREES IHAI ALL ABOVE CHARGES ARE VALID AND AGREES TO ACCEPT THE STIPULATIONS AS NOTED			P	Stew												HRS RATE	<b>OVERTIME HRS</b>			SE EMPLOYEI		
	ON THIS REPORT Make the 5% F	AUTHORIZED AGENT AGREES THAT ALL BOVE CHARGES ARE VALID AND AGREE O ACCEPT THE STIPULATIONS AS NOTE	Date		Print Name	Steward Signature	Cinnatino			SUB TOTALS										HRS RATE				S,
	Referral Hall	AGREES NOTED																TE #		2. By signing t hours worke a.) wages, b.) annuity, owing and t	and Agreement 1. Said cor by this f	It is hereby ("The Empl	I.A.T.S.E. Benefit Agreement and Assignment	
	Fee check pay	Mak		Please Make Check Payable to: Theatrical Payroll Service of	IF A		1											RATE			<ul> <li>and <u>of wages</u> to the LA.T.S.E. Annuity E rainshower agrees to continuous or sound and <u>of wages</u> to the LA.T.S.E. Annuity Fund, and to be bound by the Agreement and Declarations of Trust establishing those funds.</li> <li>1. Said contributions shall be paid within 7 days of the close of the period covered by this form and shall be accompanied by this form. Contributions shall be paid within 7 days of the close of the period within be paid by this form. Contributions shall be accompanied by this form. Contributions shall be paid by this form. Contributions shall be accompanied by this form. Contributions shall be paid by the source of the paid by this form. Contributions shall be paid by the source of the paid by this form. Contributions shall be paid by the source of the paid by the sour</li></ul>	agreed by and loyer") and I.A.		
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	OX 11944, NE	and mail a cop	NION	ayable to: ervice of	<u> </u>			1										WAGES	GROSS	; through it's a shown hereon e funds contrib es to the term	the chilpioysi he I.A.T.S.E. N I.E. Annuity Fu t establishing t t establishing t thin 7 days of anied by this fo	al 500, the coll		
	P.O. BOX 11944, NEWARK, NJ 07101-4944 e to I.A.T.S.E. Local 500 and mail to	Make HEALTH & WELFARE and ANNUITY check payable and mail a copy of this report to: IATSE NATIONAL BENEFIT FUNDS		Report Total	only =\$	X gross wages													H&W	his form the employer, through it's authorized agent agrees that the ad and wages due as shown hereon are correct, for the and health and welfare funds contributions as shown hereon are due and hat the employer agrees to the terms and conditions set forth above.	It's stop employees, triat the Employer agrees to continuoue to support of wages to the I.A.T.S.E. National Health and Welfare of wages to the I.A.T.S.E. Annuity Fund, and to be bound by the nnd Declarations of Trust establishing those funds. Tributions shall be paid within 7 days of the close of the period cover made navable and sect as directed below.	ic and Assign		
	7101-4944	check payat to: JNDS																	ANNUITY	nt agrees that r the wn hereon are is set forth at	and Welfare bound by the e period cove ons shall be p	ng represent		
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