



IATSE LOCAL 891 INTERACTIVE PRODUCTION SUMMARY FORM

Please click on each field and type in your information. Submit attachment to stewards@iatse.com, or print and fax it to the attention of the Stewards' Assistant at 604-298-3456. For assistance, call 604-664-8920.

PRODUCTION TITLE: _____

Select one: Feature MOW Series Mini-Series Pilot DVD

COMPANY NAME: _____

Network: _____ Distribution Type: _____

Address: _____

Telephone: _____ FAX: _____

Office email: _____ Dispatch Receipt e-mail: _____

Accounting Office email: _____

Shoot Schedule: _____ Work week: _____

Contract: _____ Studio: _____

Executive Producers: _____

Producer(s): _____

Director(s): _____ Accountant: _____

Production Manager: _____ Production Coord.: _____

Director of Photography: _____

Head Lighting Technician: _____ Head Rigging Lighting Tech.: _____

Key Grip: _____ Key Rigging Grip: _____

Script Supervisor: _____ Sound Mixer: _____

First Aid/Craft Services: _____ Production Designer: _____

Art Director: _____ Construction Coord.: _____

Paint Coord.: _____ Head Greens: _____

Set Decorator: Costume _____ Editor: _____

Designer: Property _____ SPFX Coord.: _____

Master: _____ HoD Make-Up: _____

HoD Hair: _____ VFX Supervisor: _____