Guest Artist Check List

☐ Flight Needed
   What airport do they want to fly out of? ______________________
   Dates/Times needed at KSU ______________________

☐ Driving
   ☐ Parking Pass needed

☐ KSU Hotel
☐ Van Campen Apartment
☐ Other

☐ Honorarium/Stipend (fill out attached Independent Contractor form)
   Citizenship?    Y ☐    N ☐

☐ Space/Classroom Secured
Independent Contractor Information Form

Please fill this out completely and return to Linda Colby. Know that once we receive a signed contract, it takes 4 weeks to generate a payment.

Name of person submitting this form: ____________________________________________

Name of contractor: ___________________________________________________________

Address: ___________________________________________________________________

City: _________________________ State: _______ Zip: __________________________

Phone: _________________________ Email: ________________________________

Date of Birth (if available): ______________ SS#: _____________________________

(Note: Independent Contractor Determination Forms cannot be sent through without a SS#.)

1.) Describe what the contractor is doing (e.g. conduct Master Class in Repertory Lighting for THEA 21522 Lighting Design):

2.) Describe briefly the qualifications of the contractor (e.g. Broadway lighting designer with 24 years professional experience)

Date of activity: __________________ Place of activity: _____________________________

Amount Paid: __________________ Dates Paid: ___________ _____________

**Special Instructions to add to the contract (e.g. mileage, lodging paid, etc.) ______________

__________________________________________________________________________

For office use only

Approved: _____________________________ Date: ____________________________

School Director

Index:

Contract issued: ________________________

Contract Received: ______________________

Check Request: _________________________