Improve Your Odds of a Good Cryopreservation

You have your cryonics funding and contracts in place but have you considered other steps you can take to prevent problems down the road?

✔ Keep Alcor up-to-date about personal and medical changes.
✔ Update your Alcor paperwork to reflect your current wishes.
✔ Wear your bracelet and talk to your friends and family about your desire to be cryopreserved.
✔ Ask your relatives to sign Affidavits stating that they will not interfere with your cryopreservation.
✔ Attend local cryonics meetings or start a local group yourself.
✔ Contribute to Alcor’s operations and research.

Contact Alcor (1-877-462-5267) and let us know how we can assist you.

Visit the ALCOR FORUMS www.alcor.org/forums/

Discuss Alcor and cryonics topics with other members and Alcor officials.

- The Alcor Foundation
- Cell Repair Technologies
- Cryobiology
- Events and Meetings
- Financial
- Rejuvenation
- Stabilization

Other features include pseudonyms (pending verification of membership status) and a private forum.

Visit the ALCOR BLOG www.alcor.org/blog/

Your source for news about:

- Cryonics technology
- Cryopreservation cases
- Television programs about cryonics

- Speaking events and meetings
- Employment opportunities

Alcor is on Facebook

Connect with Alcor members and supporters on our official Facebook page:

www.facebook.com/alcor.life.extension.foundation

Become a fan and encourage interested friends, family members, and colleagues to support us too.
Heart Disease Prevention—Part I: Introduction and Risk Factors

In this three-part review article of Morteza Naghavi’s “Asymptomatic Atherosclerosis—Pathophysiology, Detection and Treatment,” Cryonics magazine contributor Carrie Wong reports on the latest approaches to detect pathological vascular and heart conditions at the very early stages and how these new approaches can be used by cryonicists to prevent suffering acute cardiac arrest.

The Moral Duty of Cryonicists

If cryonics has a reasonable chance of working, do we have a moral obligation to inform others of its potential life-saving benefits? And should our moral obligations take precedence over our reservations to talk to other people about cryonics?

Alcor 2015 Conference

The Alcor 2015 Conference will be held on October 9-11, 2015, at the Scottsdale Resort and Conference Center at McCormick Ranch. Program and registration information available now.

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Alcor provides a wide array of services for you, the member, and the general public. We inform and educate, we protect and preserve, and we strive to remain at the forefront of cryonics technology.

Since its founding, Alcor has relied on member support to maintain its mission and attract new members. Your support, regardless of size, can provide a better future for all cryonicists. Please act now.

SUGGESTED GIVING LEVELS

$20 FRIEND
$60 JUNIOR SUPPORTER
$120 SUSTAINING SUPPORTER
$500 ADVOCATE SUPPORTER
$1,000 LEADING SUPPORTER
$2,500 VISIONARY SUPPORTER
$5,000 SILVER SUPPORTER
$10,000 GOLD SUPPORTER
$25,000 TITANIUM SUPPORTER
$50,000 VANGUARD SUPPORTER

We encourage every member to donate. Even if you can only afford $5 right now, you will make a significant contribution to Alcor’s future.

Donations may be made via the Donations button on the Alcor website or by contacting Alcor’s Finance Director, Bonnie Magee, at bonnie@alcor.org. Your donation may be made as a lump sum or divided into easy monthly payments.

The James Bedford Society

Gifts have played a fundamental role in the cryonics movement since its earliest days. Dr. James Bedford, a man whose extraordinary vision led him to become the first person to be cryopreserved, and the first to make a bequest to a cryonics organization, exemplified the determination of the early pioneers of cryonics. We invite you to follow in his footsteps, and join the James Bedford Society.

The James Bedford Society recognizes those who make a bequest of any size to the Alcor Life Extension Foundation. If you have already provided a gift for Alcor in your estate, please send a copy of your relevant documents to Alcor’s Finance Director, Bonnie Magee.

If you’d like to learn more about setting up a bequest, send an email to bonnie@alcor.org or call 480-905-1906 x114 to discuss your gift.
Alcor allows members to specify the conditions under which they do or do not want to be cryopreserved. One popular option reads as follows: “I wish Alcor to place into cryopreservation any biological remains that they may be able to recover, regardless of the severity of the damage from such causes as fire, decomposition, autopsy, embalming, etc.” Interestingly, the options available in the Alcor membership application all concern scenarios in which the circumstances of only the member himself determines whether to proceed with cryopreservation. But what about scenarios in which, for example, a whole family makes cryonics arrangements and a catastrophic accident permits only one family member to be placed in cryopreservation?

When most people consider cryonics, one of their most immediate concerns is that the procedure could be disruptive of their social and family life. Is making cryonics arrangements without considering the preferences of those around me considered to be going it alone? If we all make cryonics arrangements and one person is the victim of a terrorist attack or plane crash, would I still want to proceed? How can I be sure that my whole family will be cryopreserved under acceptable conditions?

Default cryonics wisdom has it that it is better for a person to live than to die but the outlook of someone who is anxious about the idea of cryonics seems to conform more to something like this:

“I would like everyone I care about to be cryopreserved and revived but if I lose someone I care for, I’d rather not come back either.

Now this is a rather bold version of the position I am trying to characterize but it does raise an important point. Would cryonics perhaps appeal to more people if cryonics organizations offered a number of options that reflect concerns about joint cryopreservation and revival?

In this document I use conditions for cryopreservation and survival together but we are really talking about two distinct issues here. For example, one of the scenarios concerned a situation in which it was possible to only cryopreserve one person in a family but it could also be possible that a whole family is cryopreserved but meaningful revival is only possible for one of them. Successful cryopreservation is not necessarily equivalent to successful revival.

Would it be feasible and desirable to allow more flexibility regarding such scenarios? For example, should members be permitted to insist on joint revival even if one of the persons has been cryopreserved under conditions that permits faster resuscitation?

Should a cryonics organization allow members to be thawed out and buried in case circumstances prevent their other family members to be cryopreserved?

These are difficult questions and need to be considered in more detail. We do know that most people who make cryonics arrangements care about these issues and that many people care about these issues to such an extent that they conclude that cryonics presents more of a risk than a potential benefit. In general, what would it mean for a cryonics organization to incorporate the joint preferences of families in the services it offers?

Comment by Mike Perry: About 25 years ago a case came up in which an Alcor member stated they didn't want to be revived unless all of their children could be, and were, revived. Alcor in effect was being asked to kill this member if it was unable to save one or more others. Alcor could not agree to such an option. (This individual remained a member and is still a member today.) Short of that, however, it might be reasonable to time revivals so that all in a group are brought back together.
CEO Update
By Max More

GROWING MEMBERSHIP AND AWARENESS

After 2014’s record-setting year for number of cryopreservations, Alcor has continued to be busy. In my next update, I will cover many of the advances, challenges, events, and triumphs of the first half of 2015. In this issue’s update, I will focus solely on growth and public communications.

GROWTH AND COMMUNICATIONS
Membership growth continues to rise. We have been making several changes (in addition to improved marketing and communications programs) that might account for this, but we have no way of separating out the various factors accurately. Gains in signed-up members are not coming by shrinking the applicant queue. The number of applications submitted in February was the highest since December 2007. Combining the first two months of the year, we see 29 new applications, which is also the best two-month number since 2007. That bodes well for near-term membership growth.

You may remember that Alcor experienced low membership growth in 2010 through 2013, actually shrinking by 0.9% in 2013. Growth picked up in 2014, accelerating throughout the year and averaged 4.0%. So, how are we doing in 2015? At an annualized rate based on the first five months of the year we have seen:

- 6.4% growth in (cryopreservation) membership so far this year.
- 8.4% in overall membership.

Associate Membership should be an important step toward full cryopreservation membership for many. We need to find new ways to bring in Associates and keep them. To lower the barrier to entry, I’m halving the cost of associate membership to $5 per month or $60/year. With a few exceptions, we will discontinue complimentary subscriptions to Cryonics, and send out a letter explaining that they can continue to receive Cryonics (and enjoy other benefits) if they become an associate member.

THE WEBSITE
This will be old news to all of you except the few who read Cryonics but don’t visit Alcor online: Back in October 2014, Alcor’s website underwent a major facelift. As I posted to the blog and Alcor’s Facebook page:

We wanted to bring the appearance of alcor.org up to date and make it more appealing. We also wanted to improve engagement with visitors. After a lot of work on the revision by John Bevens and his colleagues at Media Architects, with lots of input from me, and additional input from staff and website volunteers, the site is now public.

This revision is a major cosmetic facelift. We will follow up with significant changes to the content, designed to help visitors find the information most important to them. We have also added a chat function. In just the first couple of days, this is proving to be a valuable tool for engaging website visitors and answering their questions. Take a look!

Even before we consider moving onto a more advanced revision (which would require dedicated funding), much remains to do (and some improvements are
underway). This includes optimizing for mobile devices; working on language and presentation in various places; and creating new pages and important areas of focus for visitors. We recently redesigned the Application Form to make it easier to fill out, and will be doing the same with all the contracts. We are currently in the process of enabling applicants to fill out all forms online. Services such as DocuSign enable us to accept electronic signatures, and we have even found a way around the need for applicants to visit a Notary Public.

Feedback from the new ClickDesk chat function has been very interesting. It has greatly increased our direct dialogue with website visitors. Marji deserves considerable credit for consistently answering most of the chat messages – and for enduring some rude messages (typically from young students).

From a purely rational perspective, testimonials should not be taken as strong evidence in favor of the quality of any product or service. In the real world, testimonials often have a far stronger persuasive effect than a listing of facts and figures or rational arguments. With that in mind, Alcor’s media consultants have been capturing member testimonials on video whenever possible. A dozen new testimonials were filmed in December 2014 at Kekich’s annual life extension/cryonics gathering and added to the Alcor Cryonics YouTube channel. Another three were completed and uploaded in February.

INFO PACK

After we received a request for multiple copies of our Info Packet, I noticed that the Packet badly needs an overhaul in both content and appearance. I rethought the approach from the ground up, on the assumption that the info pack/presentation folder is the first point of contact with Alcor. The current version consists primarily of a letter to medical professionals and a multi-page, detailed explanation of the Comprehensive Member Standby program. The cover of the folder consists of photos depicting cold metal containers and someone undergoing surgery. Not terribly warm and welcoming!

The new cover depicts a happy couple (real Alcor members), and the contents are designed to cover the main questions that will come to mind for people new to cryonics. The new info pack is about to go to print as I write this in late June. We will then make some modifications to a range of inserts that will fit into the inner pocket and that can be selected to fit the audience.

Throughout this issue, you will see the new Alcor logo, in both a vertical and horizontal format. After trying out several more radical designs, we settled on a more modest update to the existing logo.

TALKS

On Saturday, February 21, I was given well over two hours on stage at People Unlimited (based in Scottsdale) whose members believe in the desirability and possibility of “biological immortality.” This audience was quite different from what I’m used to, and not only in the strength of their commitment to abolishing aging but also in the warmth and enthusiasm of their reception. Although some of the group’s views (in my judgment) lack scientific basis, I found most of them open to practical means of radical life extension, including cryonics. A couple of dozen people asked for a free associate member card, and many said they would come for a tour.

On May 28, I gave a talk at the Church of Perpetual Life. This is no ordinary church. It was founded and is funded by Alcor member Bill Faloon. Bill bought what used to be a Baptist church then repurposed it to spread a non-supernatural message about overcoming biological death. Although the audience was modest in size, the talk was recorded and may be a helpful introduction to cryonics for a broader audience online.

Over the weekend of June 5-7, several Alcor members attended and spoke at the BRINK conference in Palm Desert, California. Due to the format of the event, I had only a few minutes to explain the essentials of cryonics.

Fortunately, the backgrounds of most of those present meant that—even with no previous familiarity with the idea—many, many people afterwards said they wanted to know more. During the same session, Natasha Vita-More’s brief comments on her recent and remarkable research on memory persistence through cryopreservation, and Greg Fahy’s presentation of his research results no doubt helped a great deal. I don’t recall a single person dismissing cryonics, but many expressing a desire to learn more, come to our October conference, or even get started with the sign-up process. Clearly, the attendees were not in the least a random sample of the population. Even so, the friendly and open reception to these ideas is encouraging.

To lower the barrier to entry, I’m halving the cost of associate membership to $5 per month or $60/year.

MEDIA

Over the last few months, we seem to have attracted more media coverage than ever, not just in the USA, but in Canada, Britain, Poland, India, China, Thailand, Spain, Switzerland, France, and Australia. Requests for filming or interviews for print publications continue to come in with such frequency that I have been agreeing to fewer of them, while also inviting a few experienced
members to take on some of them. When considering media requests, I ask myself: How much time and energy will this detract from other tasks and projects? What is the likely size and interest of the audience? How informatively and sympathetically is this story likely to be presented?

**Documentary and TV coverage:**

On November 20, we were filmed by a documentary maker (who will remain anonymous for now). The following day, I was interviewed by Steve Aoki, DJ and son of the founder of the Benihana restaurant chain. Steve is a very popular and successful DJ with a commitment to life extension.

In January 14, we worked with the BBC to shoot footage for a *Horizons* program on “Extending Life.” This involved the usual talk-and-talk tour, followed by an interview with me and also input from Medical Response Director, Aaron Drake. The BBC crew also wanted to interview a member. We invited Linda Chamberlain—co-founder of Alcor and recent returnee to Arizona—to be that (well-informed!) member.

By a curious coincidence, the day before the BBC filming at Alcor, a different branch of the BBC based in Bristol, England, sent us an unusual question about freezing a whale for a possible documentary. Hugh Hixon provided a thoughtful and informative answer for which they were grateful. The synchronicity of the double-BBC activity was compounded for me by the fact that I used to pass BBC Bristol every day as I walked to school in the late 1970s.

In January, a Swiss TV crew filmed at Alcor for a show that will also include other life extension-related individuals who are Alcor members. In February, a film crew who had come to Scottsdale to film Natasha Vita-More requested additional filming at Alcor, with me giving a short tour and explanation.

On March 12, Alcor appeared on *The List*—a syndicated show that airs in 13 large city markets.

On April 1, Motherboard/VICE Media came to Alcor to film for a one-hour documentary on transhumanism in order to include a segment on cryonics. We expect this to air on a new daily show on HBO later this year. Motherboard/VICE Media published an extensive and encouraging article about Alcor and cryonics in the latter part of 2014. In addition to the documentary, I was interviewed for another print piece for the same outlet, focusing on legal issues of cryonics.

On April 8, several of us were filmed by What’s Up Films for a 90-minute piece, a major portion of which will focus on cryonics. This is scheduled to be aired on the French Public Broadcast Network this fall. Also in April, Kristy Siefkin from Fox channel 10 came to Alcor, resulting in a positive piece that you can find online. In May, Telemundo filmed at Alcor for a piece that aired on May 21.

**FROM REALITY TO FICTION**

In the first part of December, we talked to two individuals who came for the tour and who want to make a cryonics TV series. They have done their research, seem serious, and want to be as accurate as possible.

Alcor will appear in a fictional but highly positive news report in the movie *The Last Generation to Die*, set in 2031.

Cryonics was central to the plot of the *Elementary* episode “T-Bone And The Iceman” (season 3, episode 17). [http://www.imdb.com/title/tt4472348/?ref_=ttep_ep17](http://www.imdb.com/title/tt4472348/?ref_=ttep_ep17)

It’s too early to say for sure, but the prospects look good that a well-known and very cryonics-positive novel will finally be made into a movie. The producers have asked to visit Alcor so as to get the technical details right.

**PRINT COVERAGE**

Given the dozens of print pieces, I will mention just some of the more significant or especially positive ones here. One of these resulted from a journalist at *California* magazine—UC Berkeley’s alumni
If you follow Alcor’s news online, you will know that we successfully cryopreserved a 2-year-old Thai girl in her home country. This was a major undertaking on our part and seeing it through depended on the tremendous determination and resourcefulness of Matheryn’s parents. This event (involving the youngest—and most distant—patient ever) generated a remarkable burst of press around the world, along with a record number of visitors to the website (and a lot of work for Marji in answering chat inquiries). Three major articles appeared on Motherboard and were then picked up by many other outlets. The one going into the most considerable and friendly detail was “The Girl Who Would Live Forever” by Brian Merchant, which appeared on Motherboard on April 16, 2015.

The Motherboard editors of a week-long focus on life extension concluded it on April 17 by stating their opposed views: “Is Immortality GOOD or BAD?” By Vicki Turk and Brian Anderson. The Matheryn story was picked up by the Metro UK, Australia’s News.com, the UK’s Daily Mail (two stories), New York Daily News, Iran Daily, Asia News Net, and the Straits Times (several stories), plus an audio interview I did for Asia News Weekly (syndicated on the Korea Observer in Seoul, Japan Today and News on Japan in Tokyo, and internationally through Broadband TV), and CNET. These were just a few of at least 50 published stories that I heard about through alerts.

Among other print coverage: I did an interview at the end of January for a story in Worth, a magazine with a circulation of 125,000 individuals of above-average income for whom cryonics should be a cheap back-up plan. The resulting story, “The Search for Immortality” appeared in the April/May 2015 issue, mentioning Alcor along with sections on several well-known and wealthy individuals, at least two of whom are Alcor members. Based on a tour and interview I did with journalist Daniel Oberhaus, a highly informative and unusually accurate piece appeared in the November 28th issue of The Verge, “The Art of Not Dying.”

We were also able to present the cryonics message in February, thanks to an interview with me by Mark Edge, an Alcor member with an online radio show. We spoke to several writers who want to include Alcor and cryonics in books, including one by a writer for Slate who is working on a book on transhumanism and life extension; one for a book on longevity; and we were featured in an online book, Futuremakers today.

Alcor member Natasha Vita-More was author, with Daniel Barranco, of a journal article reporting the results of research funded by and partly conducted at Alcor, “Persistence of Long-Term Memory in Vitrified and Revived C. elegans.”

Research stirs interest: Alcor member Natasha Vita-More was author, with Daniel Barranco, of a journal article reporting the results of research funded by and partly conducted at Alcor, “Persistence of Long-Term Memory in Vitrified and Revived C. elegans.” Even though no press release was issued, this research result was picked up by several people, including in a widely-read Daily Mail piece on June 2: “Memories can survive cryogenic preservation, study shows.” It can be expensive to gain access to scientific papers, due to the high fee imposed by publishers. To encourage wider readership, Alcor paid to make the Rejuvenation Research paper open access. We were delighted to hear on June 22 from the publication’s manager that the paper “has had over 11,600 downloads! I think that’s a record for this journal.”

Larry King still talking cryonics: Finally, famous interviewer, Larry King, added to his several previous public declarations that he doesn’t want to die and wants to be cryopreserved. He repeated his thoughts on a recent episode of the Dr. Oz Show (which included a modestly-accurate and neutral explanation by Dr. Oz). Soon after that, Mr. King devoted part of his podcast (which takes the form of a discussion with his wife, Shawn). Although Mr. King describes himself as an “atheist Jew,” his wife is Mormon and seems to think cryonics conflicts with her religion.

I was fortunate in being able to provide, with just a few hours’ notice, bullet points on this topic. I’m indebted to the rapid and informative input from one Mormon and one ex-Mormon, both cryonics-friendly, who demonstrated that Mormon scripture, far from conflicting with cryonics, clearly supports it. You can listen to their vigorous banter on the topic in the first 15 minutes of the show: “Back and Forth with Shawn and Larry King,” episode 36, June 12, 2015.

We can rarely tell if and to what extent there is an eventual benefit to Alcor membership from any of these forms of media. But it’s a well-established adage that (with rare exceptions), most people must hear a message several times before they take action. That’s why we keep working with media to educate the public.

My next update will focus on all the other things that have been going on at Alcor over the last half-year.
Become An Alcor Associate Member!

Supporters of Alcor who are not yet ready to make cryopreservation arrangements can become an Associate Member for $5/month (or $15/quarter or $60 annually). Associate Members are members of the Alcor Life Extension Foundation who have not made cryonics arrangements but financially support the organization. Associate Members will receive:

- Cryonics magazine by mail
- Discounts on Alcor conferences
- Access to post in the Alcor Member Forums
- A dollar-for-dollar credit toward full membership sign-up fees for any dues paid for Associate Membership

To become an Associate Member send a check or money order ($5/month or $15/quarter or $60 annually) to Alcor Life Extension Foundation, 7895 E. Acoma Dr., Suite 110, Scottsdale, Arizona 85260, or call Marji Klima at (480) 905-1906 ext. 101 with your credit card information.

Or you can pay online via PayPal using the following link: http://www.alcor.org/BecomeMember/associate.html (quarterly option is not available this way).

Associate Members can improve their chances of being cryopreserved in an emergency if they complete and provide us with a Declaration of Intent to be Cryopreserved (http://www.alcor.org/Library/html/declarationofintent.html). Financial provisions would still have to be made by you or someone acting for you, but the combination of Associate Membership and Declaration of Intent meets the informed consent requirement and makes it much more likely that we could move ahead in a critical situation.

Alcor members pay general dues to cover Alcor’s operating expenses and also make annual contributions to the Comprehensive Member Standby fund pool to cover the costs of readiness and standby. Benefits of Comprehensive Member Standby include no out-of-pocket expense for standby services at the time of need, and up to $10,000 for relocation assistance to the Scottsdale, Arizona area.

Instead of paying $180 per year in CMS dues, Alcor also provides members the option to cover all CMS-associated costs through life insurance or pre-payment. Members who provide an additional $20,000 in minimum funding will no longer have to pay the $180 CMS (Comprehensive Member Standby fund) fee. This increase in minimums is permanent (for example, if in the future Alcor were to raise the cost of a neurocryopreservation to $90,000, the new minimum for neurocryopreservation members under this election would be $110,000). Once this election is made, the member cannot change back to the original minimums in the future.

To have the CMS fee waived, these are the minimums:

- $220,000 Whole Body Cryopreservation ($115,000 to the Patient Care Trust, $60,000 for cryopreservation, $45,000 to the CMS Fund).
- $100,000 Neurocryopreservation ($25,000 to the Patient Care Trust, $30,000 for cryopreservation, $45,000 to the CMS Fund).

If you have adequate funding and would like to take advantage of the CMS waiver, contact Diane Cremeens at diane@alcor.org.
As cryonicists we, as a group, tend to be forward thinking people. Some of us follow every new development in the field of cryonics, while others just check in once in a while. We are as a group generally informed about cryonics in terms of technical developments and progress in science. What we often don’t think about are the philosophical and ethical intricacies that come about as a result of the mere existence of cryonics. This article will argue that as people who accept the validity of cryonics, we have a moral duty to at least suggest cryonics to others.

The first point to be presented is loosely taken from Peter Singer's article “The Drowning Child and the Expanding Circle.” Imagine that you are walking home when suddenly you spot a small child drowning in a muddy pond. You could easily save the child’s life, but as a result would get mud on your shoes. Would you save the child’s life? What if, as a result of saving the child, your shoes became completely caked in mud? To most of us, in both cases, the answer is obvious. The question is why. This too is clear. The saving of a life is worth the minor (yet annoying) inconvenience of muddy shoes. In essence if you accept that saving a life is worth the inconvenience of muddy shoes, then generally, it follows that people hold certain beliefs or take certain actions.

If one accepts these two points we can draw a basic argument.

- **Premise 1**: Not being signed up for cryonics results in certain death.
- **Premise 2**: Being signed up for cryonics results in a chance at continued life.
- **Premise 3**: People who are unaware of the practicality of cryonics will not sign up.
- **Premise 4**: Avoiding minor inconveniences is not an acceptable reason to not save a life.
- **Premise 5**: If you believe that harm will occur to someone unless they take an action then you should at least consider suggesting taking that action.

**Conclusion 1 (from premises 1, 2, and 3)**: If we do not risk the minor inconvenience of bringing up the topic of cryonics people will die.

**Conclusion 2 (from premises 4, and 5)**: Avoiding potentially awkward situations that might arise due to bringing up the subject of cryonics is not a good reason not to prevent a death.

**Final Conclusion (from conclusion 1, and 2)**: We have a moral duty to at least suggest cryonics to others.

While it is true that the premises of this argument are not “absolute” in the philosophical sense it should be noted that if one accepts the premises then the conclusions are sound. Accepting the conclusions doesn't mean you are obligated to pester your family and friends at every opportunity. Rather, it means that you should, as has been said, “at least suggest cryonics to others.” It can be as simple as an utterance of, “in case you were wondering what this bracelet is for, it is so I can be cryonically frozen after my legal death.” (The redundancy in saying “cryonically frozen” is intentional as to give an easy hint for people less in the know.)

**ABOUT THE AUTHOR**

**Caitlin Campbell** is an entrepreneur, hacker, and computer systems engineer. She loves programming and designing secure networks. She is the founder of CIS Solutions, along with being a senior engineer at 9three Solutions. She lives in West Virginia and is always looking for adventures with her pet python Longfish. Author contact: Caitlin@cissols.com
INTRODUCTION
Preventing or eliminating sudden cardiac arrest and stroke is extremely important for living a longer and healthier life. Cryonicists must take preventive measures against sudden cardiac arrest to secure a timely and effective cryopreservation. Heart disease is the leading cause of death in the world, causing 610,000 deaths annually in the United States alone1. The medical term for the condition is atherosclerotic cardiovascular disease (ACVD). ACVD is a chronic disease that often remains asymptomatic for decades, but early detection and preventive treatment is possible.

In this three part series, I will present a summary of “Asymptomatic Atherosclerosis—Pathophysiology, Detection and Treatment” by Morteza Naghavi, MD which gives an extensive overview of contemporary cardiology2. Dr. Naghavi and his co-editors and colleagues at the Society for Heart Attack Prevention and Eradication (SHAPE) have created an initiative to advance the early detection and treatment of asymptomatic atherosclerosis. They have compiled their extensive findings into a 700 page volume.

ISSUES OF CONTEMPORARY CARDIOLOGY
Prevention of atherosclerotic cardiovascular disease (ACVD) is categorized into primary and secondary prevention (Naghavi, 2010, pg. 2). Primary prevention covers all the methods and treatments to prevent the first heart attack or stroke, while secondary prevention deals with recurrent heart attacks or strokes. Over the past 50 years, great progress has been made in the detection and management of risk factors associated with the treatment of asymptomatic ACVD but little has been accomplished for asymptomatic ACVD which accounts for the majority of sudden cardiac deaths and silent strokes. Despite the fact that the majority of asymptomatic ACVD can be detected and treated, no screening test is currently approved by federal agencies and made available to physicians (Naghavi, 2010, pg. 3). Traditional risk factor-based assessment strategies are insufficient. In a recent report published by the American Heart Association which studied 136,905 patients hospitalized with ACVD, it was shown that LDL-cholesterol, HDL-cholesterol and triglyceride levels were insufficient in identifying high-risk individuals. Shockingly, the report showed that 77% of the patients had normal LDL, 45.4% of patients had normal HDL and 61.8% of patients had normal triglyceride levels3.

As a result of these findings, the authors have identified two major problems within contemporary cardiology:

1) Inaccurate individualized assessment of cardiovascular risk
2) Inadequate monitoring of the vascular response to treatments

There are a few celebrity examples that illustrate these inadequacies. Winston Churchill lived to be 90, despite being overweight, inactive, and a heavy smoker, while exercise advocate Jim Fixx, who was very fit and didn’t smoke, died of sudden cardiac arrest at age 53. Another example is the sudden death of the famous journalist Tim Russert who had been provided with current standards of care including statin, aspirin, ACE inhibitors and even reached his target lipid profile. In Russert’s case
there was inadequate monitoring of his response to the treatments he was given.

The majority of the federal Medicare budget is spent on “sick care,” treating existing diseases rather than promoting health and preventing disease. In 2007, the USA spent $2.26 trillion on healthcare and this number increased to $3.8 trillion in 2014. This 41% increase in spending on “sick care” has not resulted in any 41% disease reduction nor significantly increased life expectancy (Naghavi, 2010, pg. 7). Investment in preventive health care must go far beyond general public recommendations to consume healthy foods, exercise and avoid smoking. Only 10% of the total cardiovascular care budget is spent in the field of primary prevention, despite the fact that prevention creates an opportunity to see a great increase in quality-adjusted life years (QALY). The paradigm of cardiology must shift to provide more effective medicine that results in greater increases in quality-adjusted life years. Currently, the allocated budget for cardiovascular screening (one cholesterol and blood pressure test every 5 years) is woefully inadequate for prevention of the number one killer. Ultimately, primary prevention is more effective at stopping the disease rather than attempting to reverse it. In the long run, this route is more cost effective and results in greater quality-adjusted life years.

THE SHAPE INITIATIVE’S FIVE MAIN APPROACHES (NAGHAVI, 2010, PG. 1)

1) Defining and screening for early detection and aggressive treatment of the “vulnerable patient” based on non-invasive imaging of asymptomatic atherosclerosis.

2) Monitoring therapies and evaluating progression or regression of the disease based on structural, functional, and molecular markers of ACVD.

3) The development of safe and effective “Polypills” for preemptive population-based therapy.

4) Development of safe and effective focal therapies, such as bio-absorbable drug-eluting stents, for rapid stabilization of the “vulnerable plaque.”

5) Lastly, immune modulation and vaccination strategies for prevention of atherosclerosis at an early age and halting its progression later in life. Simultaneously, the fast evolving IT and communication technologies, as well as low-cost home health-monitoring devices, will facilitate rapid dissemination of new information, empower consumers, and help shift cardiovascular care from hospitals to the home.

1) THE VULNERABLE PATIENT

In this article, I will expand on the first SHAPE approach which involves identification and early detection of the vulnerable patient based on non-invasive imaging. In subsequent articles, I will cover the other four main initiatives. There has been great modern progress in early detection and treatment of risk factors as well as treatment of symptomatic ACVD, but little progress has been made in asymptomatic ACVD. Many individuals, even those with severe atherosclerosis are unaware of their risk because of a complete lack of symptoms. In 30%-50% of these individuals, the first indicator of the disease is an acute heart attack, which is often a fatal first indicator (Naghavi, 2010, pg. 77). The Society for Heart Attack Prevention and Eradication (SHAPE) has created new guidelines to help detect “vulnerable patients” who may have asymptomatic cardiovascular disease.

There are three main characteristics used to determine whether or not a patient is considered vulnerable (Naghavi, 2010, pg 30):

1) vulnerable plaque/artery,

2) vulnerable blood (prone to thrombosis)

3) vulnerable myocardium (prone to life-threatening arrhythmia).

Vulnerable plaques are a collection of white blood cells, lipids (including cholesterol) that accumulate on the walls of arteries. Defining characteristics of vulnerable plaques include a thin fibrous cap, large lipid-rich necrotic core, increased inflammation, stenosis (narrowing of arteries) and structural damage (fissured caps). These plaques are particularly unstable and prone to ruptures which cause the majority of heart attacks and strokes. Plaque rupture is the most common type of plaque complication and accounts for 75% of fatal coronary deaths (Naghavi, 2010, pg. 41). However, rupture-prone plaques are not the only vulnerable plaques and all types of plaques, especially those with a rapid accumulation and progression, could become vulnerable.

Non-invasive vascular imaging and function tests have the potential to provide a comprehensive assessment of risk, including the detection of plaque burden, vulnerability and disease activity (Naghavi, 2010, pg. 39). Plaque thickness could be detected by Carotid Intima-Media Thickness (CIMT) and ultrasound or MRI. CIMT works by measuring the thickness of the inner two layers of the carotid artery by using non-invasive sound waves. Coronary calcium scores are determined by using a special x-ray test called computed tomography which creates images of calcium buildup in plaque on the walls of the arteries of the heart. Another non-invasive screening method is the Ankle Brachial Index (ABI). ABI is the ratio of the blood pressure in the lower legs to the blood pressure in the arms. Lower blood pressure in the leg compared to the arms is an indication of blocked arteries.

Vulnerable blood, generally speaking, is blood prone to clotting (thrombosis). The magnitude of cardiac arrest events, triggered by plaque rupture is modulated by factors that determine plaque and blood clot formation (thrombogenicity). Tissue factor (TF) exposure, fibrin deposition, platelet aggregation, and circulating procoagulant micro particles are key players in clot formation and propagation (Naghavi, 2010, pg. 54). Vulnerable blood can be tested with serum markers such as C-reactive protein (CRP). CRP is an independent risk factor and powerful
peripheral blood flow during exercise, which is typically measured using stress tests such as the exercise stress test.

Another important factor to consider is the body's response to stress, which can influence the level of sensitivity for detecting vulnerable plaques. Stress can cause changes in the vascular system, leading to alterations in blood flow and oxygen delivery to the heart muscle. This can make it more difficult for a diagnostic test to detect vulnerable plaques, even if they are present.

Recent research has shown that markers such as high-sensitivity C-reactive protein (hsCRP) and N-terminal pro-B-type natriuretic peptide (NT-proBNP) can be used to identify patients at high risk of developing atherosclerosis. These markers are often elevated in individuals with a history of smoking, diabetes, or other risk factors for cardiovascular disease.

The use of biomarkers and imaging techniques is expected to play an increasingly important role in the future of cardiovascular disease prevention and management. With the development of new technologies and an improved understanding of the underlying mechanisms of cardiovascular disease, we can look forward to more accurate and effective methods for identifying and treating vulnerable plaques.
Recently some Alcor members donated personal funds, in the name of their organization, to help establish a Science and Literacy Center in Uganda. Such actions underscore Alcor’s role as a charitable organization which endeavors to extend the benefits of science, technology, and education to the world at large. It is through such efforts that we hope to prevail against all limits to a good life. Below is a brief report, reprinted with permission of Henri “Hank” Pellissier who founded and works with the Brighter Brains Institute which conducts fundraising and otherwise supports efforts to help needy people worldwide. —Mike Perry

Roger Hansen Delivers Equipment to Transhumanist Science Center in Uganda

Posted: Tue, June 23, 2015 | By: MTA & CTA & Alcor,
http://brighterbrains.org/articles/entry/roger-hansen-delivers-equipment-to-transhumanist-science-center-in-uganda

On June 20, 2015, Roger Hansen visited the Science & Literacy Center in Kyarumba, Uganda, that was funded via the generosity of the Mormon Transhumanist Association, the Christian Transhumanist Association, and the Alcor Life Extension Foundation.

Roger also delivered science equipment that was donated to the Center. He carried the equipment to Uganda in his suitcase.

Roger is the co-Manager of Humanitarian Activities for MTA, he’s a frequent contributor to the African Futures Project at IEET.org, and he blogs about his world-wide humanitarian projects at Tired Road Warrior. He travels to Uganda frequently, delivering supplies, and putting up swing sets in rural Uganda areas for orphanages and schools. He also recently helped establish a Computer Training School in Masaka, at the LDS Church.

The name “Vivienne Harr” can be seen in one of the photos. Vivienne is the “Lemonade Girl” of Fairfax, California, who has sold over $100,000 worth of lemonade, to end slavery worldwide. She recently donated an American Girl Doll to the World Girl Dolls (WGD) organization. WGD sells American Girl Dolls on eBay and donates the money to help girls education internationally. Vivienne’s donation paid for the tuition of a girl at Kyarumba’s Vision Care School, which utilizes the Transhumanist Science & Literacy Center as their classroom. Vision Care students are wearing burgundy and powder blue uniforms, in the photos.

The three transhumanist groups are to be wildly commended for their generosity in accelerating knowledge in this part of the world. Their center is aiding the children and townspeople in understanding the scientific method, and the scientific principles that govern our world, and will guide us towards helpful technology in the future. ■
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References

Note: While the health benefits of omega-3s from fish oil are universally recognized, the critical importance of olive oil in maintaining healthy vascular function remains largely overlooked.

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References

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**HOTEL ROOMS:**
The room rate is $179 per night plus 13.5% sales tax. The suites are $279 per night. Attendees must contact hotel at least 30 days before to identify themselves as part of the group. Get hotel rooms at the Scottsdale Resort at this link to get conference rates.

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Note: Alcor will waive the normal $90 Membership Application Fee for conference attendees joining Alcor.

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THEMES (Stay tuned for speaker list)

- Repair and revival scenarios, rehabilitation, and reintegration.
- The evidence supporting cryonics.
- How can a regular person afford cryonics and best plan for funding it and their own post-revival life?
- Research.
- How would you spend $10 billion on anti-aging research?
- Legal issues.
- What happens if Alcor membership grows at 25% for 50 years? 70 million members, about 700,000 cases/year.
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The Alcor Life Extension Foundation is a nonprofit tax-exempt scientific and educational organization dedicated to advancing the science of cryopreservation and promoting cryonics as a rational option. Being an Alcor member means knowing that—should the worst happen—Alcor’s Emergency Response Team is ready to respond for you, 24 hours a day, 365 days a year.

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AT ALCOR:
Alcor Board of Directors Meetings and Facility Tours—Alcor business meetings are generally held on the first Saturday of every month starting at 11:00 AM MST. Guests are welcome to attend the fully-public board meetings. Facility tours are held every Tuesday at 10:00 AM and Friday at 2:00 PM. For more information or to schedule a tour, call Marji Klima at (877) 462-5267 x101 or email marji@alcor.org.

CALIFORNIA
LOS ANGELES:
Alcor Southern California Meetings—For information, call Peter Voss at (310) 822-4533 or e-mail him at peter@optimal.org. Although monthly meetings are not held regularly, you can meet Los Angeles Alcor members by contacting Peter.

SAN FRANCISCO BAY:
Alcor Northern California Meetings are held quarterly in January, April, July, and October. A CryoFeast is held once a year. For information on Northern California meetings, call Mark Galeck at (650) 969-1671, (650) 534-6409 or email Mark_galeck@pacbell.net.

FLORIDA
Central Florida Life Extension group meets once a month in the Tampa Bay area (Tampa and St. Petersburg) for discussion and socializing. The group has been active since 2007. Email arcturus12453@yahoo.com for more information.

NEW ENGLAND
CAMBRIDGE:
The New England regional group strives to meet monthly in Cambridge, MA—for information or to be added to the Alcor NE mailing list, please contact Bret Kulakovich at 617-824-8982, alcor@bonfireproductions.com, or on FACEBOOK via the Cryonics Special Interest Group.

PACIFIC NORTHWEST
A Yahoo mailing list is also maintained for cryonists in the Pacific Northwest at http://tech.groups.yahoo.com/group/CryonicsNW/.

If you are interested in hosting regular meetings in your area, contact Alcor at 877-462-5267, ext. 113. Meetings are a great way to learn about cryonics, meet others with similar interests, and introduce your friends and family to Alcor members!

BRITISH COLUMBIA (CANADA):
The contact person for meetings in the Vancouver area is Keegan Macintosh: keegan.macintosh@me.com.

OREGON:
The contact person for meetings in the Portland area is Aschwin de Wolf: aschwin@alcor.org. See also: https://www.facebook.com/portland.life.extension

ALCOR PORTUGAL
Alcor Portugal is working to have good stabilization and transport capabilities. The group meets every Saturday for two hours. For information about meetings, contact Nuno Martins at n-martins@n-martins.com. The Alcor Portugal website is: www.alcorportugal.com.

TEXAS
DALLAS:
North Texas Cryonauts, please sign up for our announcements list for meetings (http://groups.yahoo.com/group/cryonauts-announce) or contact David Wallace Croft at (214) 636-3790 for details of upcoming meetings.

AUSTIN/CENTRAL TEXAS:
A new group for the Austin area has been started for those interested in discussion and understanding of the relevant technologies and issues for cryopreservation, genomics, epigenetics and medical research for increased life/health span. Contact Tom Miller, 760-803-4107 or tom@blackmagicmissileworks.com.

JAPAN
Cryonics meetings are held monthly in Tokyo. Send queries to grand88(at)yahoo.com.

UNITED KINGDOM
There is an Alcor chapter in England. For information about meetings, contact Alan Sinclair at cryoservices@yahoo.co.uk. See the web site at www.alcor-uk.org.
Cryonics is an attempt to preserve and protect human life, not reverse death. It is the practice of using extreme cold to attempt to preserve the life of a person who can no longer be supported by today’s medicine. Will future medicine, including mature nanotechnology, have the ability to heal at the cellular and molecular levels? Can cryonics successfully carry the cryopreserved person forward through time, for however many decades or centuries might be necessary, until the cryopreservation process can be reversed and the person restored to full health? While cryonics may sound like science fiction, there is a basis for it in real science. The complete scientific story of cryonics is seldom told in media reports, leaving cryonics widely misunderstood. We invite you to reach your own conclusions.

**HOW DO I FIND OUT MORE?**

The Alcor Life Extension Foundation is the world leader in cryonics research and technology. Alcor is a non-profit organization located in Scottsdale, Arizona, founded in 1972. Our website is one of the best sources of detailed introductory information about Alcor and cryopreservation (www.alcor.org). We also invite you to request our FREE information package on the “Free Information” section of our website. It includes:

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• An application for membership and brochure explaining how to join
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