



PROJECT ETERNITY

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REINCARNATION APPLICATION



Most of the information on this form is required, so please be sure the form is complete. You will receive a confirmation e-mail or letter confirming your sign the contract. Call toll-free if you have questions: 143-843-8438

Complete the following information to help you make a appointment in the queue as soon as possible.

NAME (LAST)				(FIRST)				(MIDDLE)				(SUFFIX)											
ADDRESS (STREET)						(CITY)						(STATE)						(ZIP CODE)					
COUNTY OF RESIDENCE												GENDER											
E-MAIL ADDRESS																							
DATE OF BIRTH (Month/Day/Year)												SOCIAL SECURITY NO											
_____ / _____ / _____																							
RACE <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other																		ETHNICITY <input type="checkbox"/> Latino <input type="checkbox"/> Other					
RELIGION AND BELIFE (optional) <input type="checkbox"/> Christianity <input type="checkbox"/> Islam <input type="checkbox"/> Irreligious affiliation <input type="checkbox"/> Buddhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Judaism <input type="checkbox"/> Folk religions <input type="checkbox"/> Other religions																							
REASON (why you apply our service) <input type="checkbox"/> Disabled <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Parkinson's <input type="checkbox"/> Amyotrophic lateral sclerosis (ALS) <input type="checkbox"/> No particular reasons <input type="checkbox"/> Other reason																							
INITIAL THE APPROPRIATE CATEGORY <input type="checkbox"/> I affirm that I am under the age of 18, an emancipated minor and able to give full legal consent to reincarnation <input type="checkbox"/> I affirm that I am under the age of 18 but at least 16, I am not emancipated, and therefore providing contact information for my parents/guardians below <input type="checkbox"/> I affirm that I am 18 or over and am able to give full legal consent to reincarnation <input type="checkbox"/> I am the parent/guardian of the applicant. My relationship to the child is:																							
SIGNATURE (Required of applicant or parent if enrolling a child)												DATE											
WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)												DISINTERESTED WITNESS SIGNATURE (Required if adult is physically unable to sign including due to terminal illness or injury)											



SERVICE AGREEMENT

CLIENT INFORMATION SERVER INFORMATION

Client Name

Server Email

E-mail

Server Name

Phone Number

Service (APPENDIX)

Security No

BRAIN TRANSPLANT SERVICE

Address line

BRAIN DATA TRANSFER SERVICE

Current State and City

CLOUD-BASED DATA TRANSMISSION

Zip Code

Transfer the data per 24 hours

Transfer the data per week

Transfer the data per month

Race

1. Compensation

Total Cost of the Services: _____

Amount Due at Signing: _____

Amount Due at Completion: _____

2. Expenses

We will be reimbursed by You for any reasonable and necessary expenses (not including Our daily lattes) incurred in providing the Services. You must pre-approve all expenses.

3. Payment

Invoiced amounts must be paid by You within (number) (#) days of receiving the invoice. As much as We like cash money, payments must be made by [credit card]/[check].

4. Term

The term of this Agreement is _____ months from the Effective Date, unless terminated earlier for other reasons available in this Agreement.

5. Termination

a. If either Party wants to terminate the Agreement before the termination date, they must provide the other Party a [number] (XX) day written notice. If You terminate the Agreement before the Services have been completed, You will be liable to Us for a pro rata share of the total cost of the Services as outlined in Section 2.

b. This Agreement will automatically terminate when both Parties have performed all of their obligations under the Agreement and all payments have been received. Our work here is done.

6. Relationship of the Parties

a. No Exclusivity. The Parties understand that this Agreement is not an exclusive arrangement (i.e. – the Parties aren't "going steady"). The Parties agree that they are free to enter into other similar agreements with other parties.

b. Independent Contractors. The Parties to this Agreement are independent contractors which means there are no strings attached. Neither Party is an agent, representative, partner, or employee of the other Party.

7. Waiver

Neither Party can waive any provision of this Agreement, or any rights or obligations under this Agreement, unless agreed to in writing by the Parties. If any provision, right, or obligation is waived, it's only waived to the extent agreed to in writing.

8. Amendments

This Agreement may be modified as needed. To make a modification, the Parties have to agree to the modification in writing (an "Amendment"). The terms of this Agreement will apply to any Amendment the Parties make.

9. Assignment

The Parties may not assign the responsibilities that they have under this Agreement to anyone else unless both Parties agree to the assignment in writing.

11. Dispute Resolution

a. Negotiation. We want to work this out. In the event of a dispute, the Parties agree to work towards a resolution through good faith negotiation.

b. Mediation/Arbitration. If talking it over doesn't go well, either Party may initiate mediation or binding arbitration in the State of [State].

c. Litigation and Choice of Law. We hate fighting, but if litigation is necessary this Agreement will be interpreted based on the laws of the State of [State], regardless of any conflict of law issues that may arise. The Parties agree the dispute will be resolved at a court of competent jurisdiction in the State of [State].

d. Attorney's Fees. The prevailing party, also known as the winner, will be able to recover its attorney's fees and other reasonable costs for a dispute resolved by binding arbitration or litigation.

12. Entire Agreement

This Agreement puts the Parties entire understanding of the Services to be performed and anything else the Parties have agreed to in black and white (literally). This Agreement supersedes any other written or verbal communications between the Parties.

13. Severability

If any section of this Agreement is found to be invalid, illegal, or unenforceable, the rest of the Agreement will still stand.

14. Notices

All notices under this Agreement must be sent by email with read receipt, or by certified or registered snail mail with return receipt requested.

15. Disclaimier

(Appendix 5)

SIGNATURE (Required of applicant or parent if enrolling a child)

SERVER SIGNATURE

WITNESS SIGNATURE

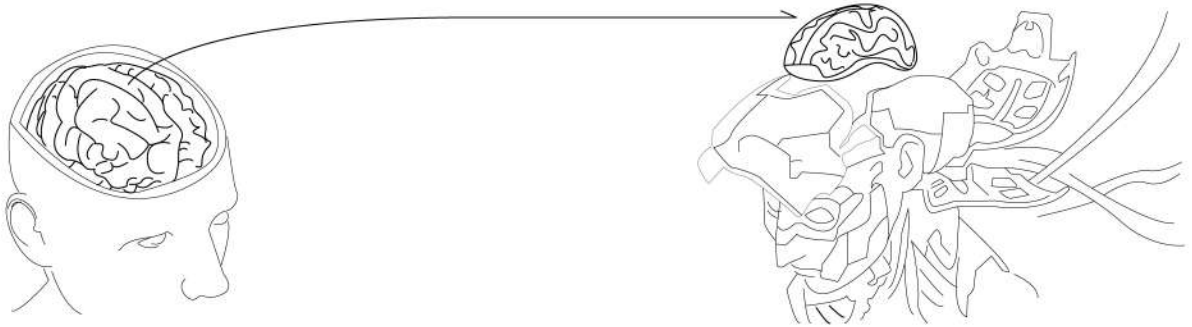
(Required if adult is physically unable to sign including due to terminal illness or injury)

DATE



SERVICE INTRODUCTION:

This service can help you transplant your brain into a cyborg.



OPERATION FEE :

83,000USD

HOSPITALIZATION FEE:

3,600USD per week

NURSING FEE:

2,300USD per week

BASIC CYBORG FEE^(ANNEX 4):

240,000USD + According your personal demand fee

LENGH OF OPERATION:

8-14 HOURS

RECOVER TIME :

First phase : 2-4 mouths to fit the new body(In hospital)

Second phase: 4-6 mouth to recover(At home)

ADVANTAGES :

Memory preservation rate - 99.9%

Personality collapse rate(due to phychological and brain rejection) - 1-5%

DISADVANTAGES :

Success rate: 85%

Brain death rate: 0 - 15%

Might still need data transplant service because of aging brain.

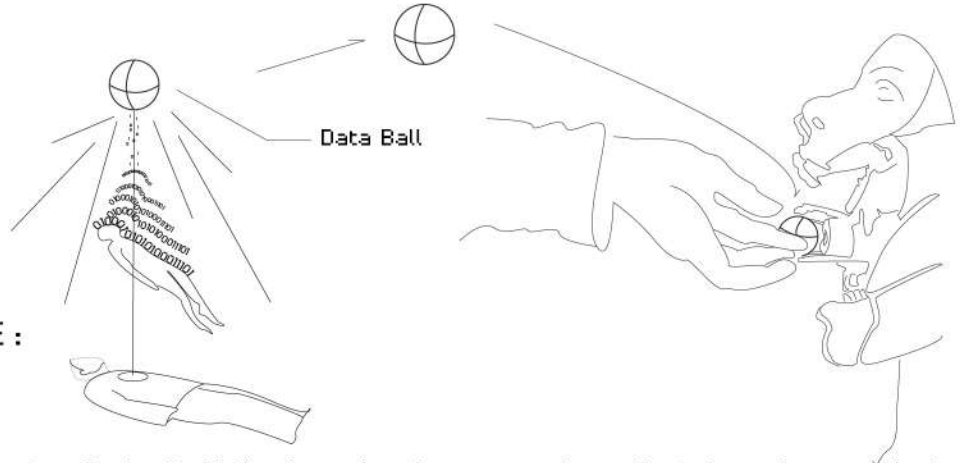
FOR THE CROWD :

1. Disabled people
2. Patients with physical illness(e.g ALS)
3. We are not recommend people who over 65 years old to do this operation, because the aging of brain.

APPENDIX 2: BRAIN DATA TRANSFER SERVICE

SERVICE INTRODUCTION:

This service can collect your brain data in our cyborg (humanoid robot)



DATA COLLECTION FEE :

36000 USD

Attention:

According Section 302 of the Conscious Cloning Prohibition Act, a law does not permit two identical consciousness/identity exist in United States. If client do not purchase the cloud-based data transmission, we have to collect your brain data in your 'be at death's door' moment, even it's very dangerous.

CLOUD-BASED DATA TRANSMISSION FEE (Optional, ANNEX 3):

We need constantly keep our clients data safety, so we will collect your brain data regularly in our cloud database by our satellite.

Transfer the data per 24 hours: 149,998 USD per year

Transfer the data per week: 99,998 USD per year

Transfer the data per month: 49,998 USD per year

BASIC CYBORG FEE (ANNEX 4):

240,000 USD + According your personal demand fee

LENGTH OF OPERATION:

1-2 HOURS

RECOVER TIME :

First phase : 1 months to fit the new body (suggest at home)

ADVANTAGES :

Success rate: 99%

Personality collapse rate (due to psychological and brain rejection) - 1-3%

Brain death rate: 0.01%

DISADVANTAGES :

Memory preservation rate - 60-70%

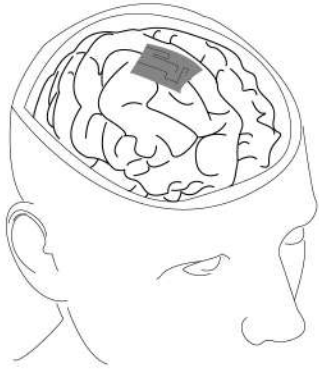
FOR THE CROWD:

1. Disabled people
2. Patients with physical illness (e.g ALS)
3. We are not recommend young people

ANNEX 3: CLOUD-BASED DATA TRANSMISSION
INTRODUCTION

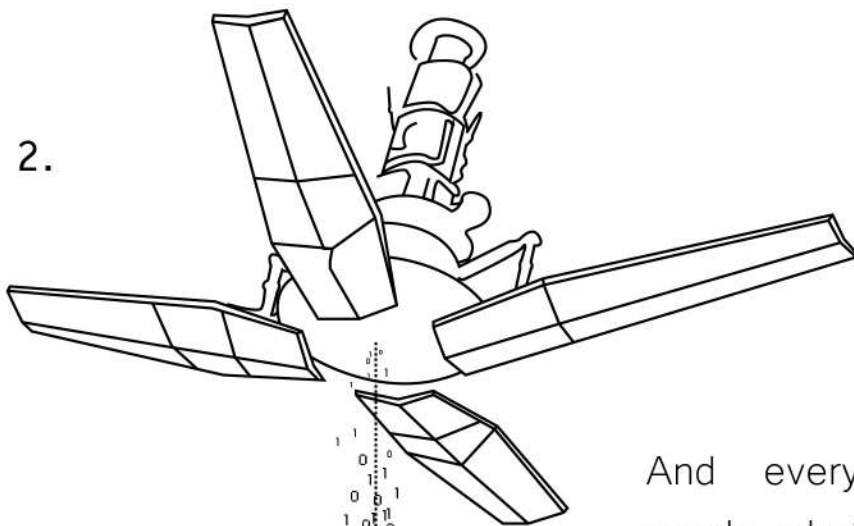


1.

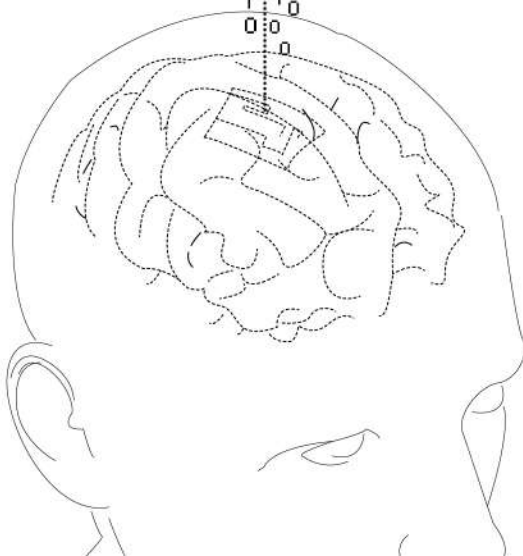


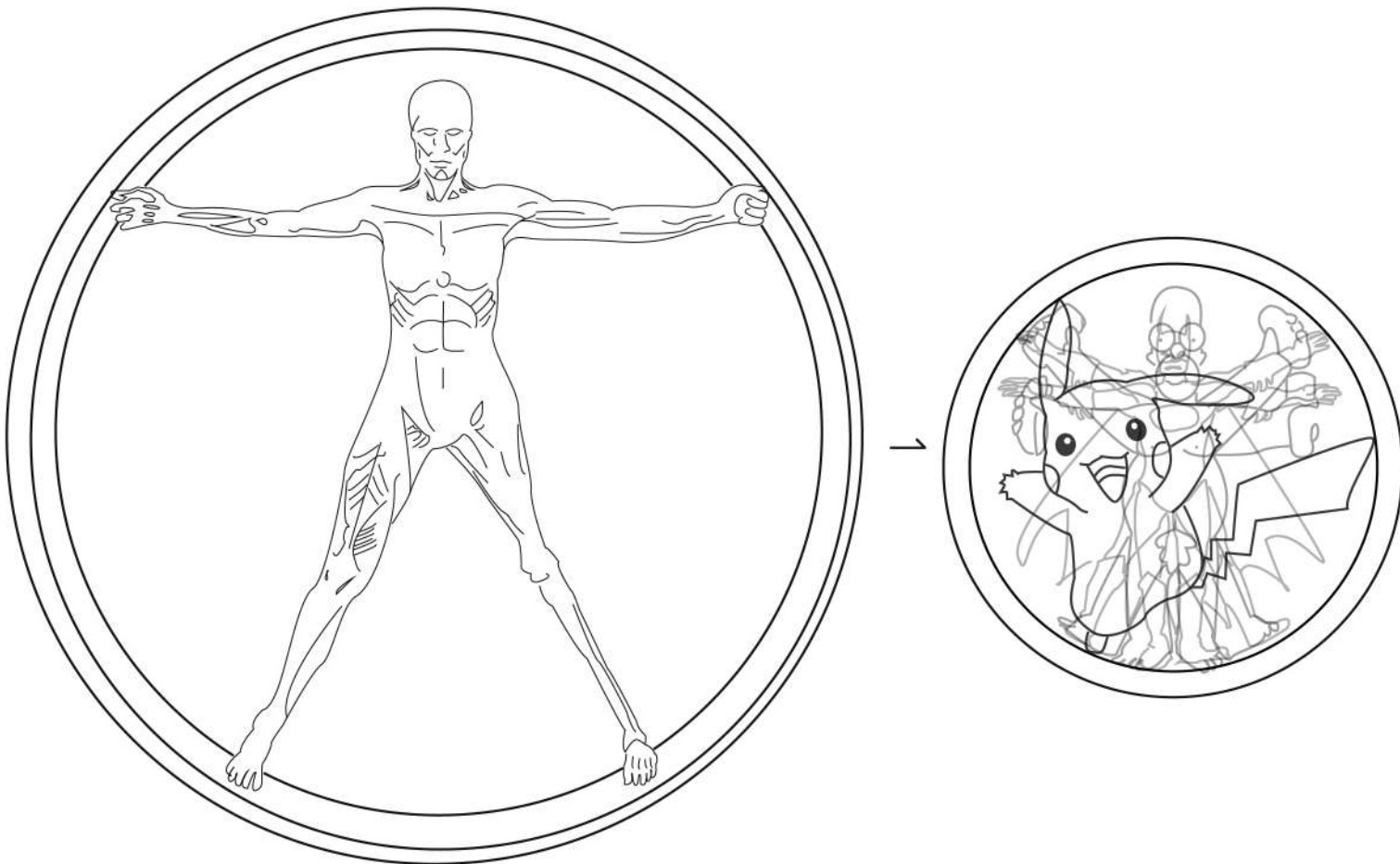
First put a chip your cerebral cortex.

2.



And every 24 hour/week/month (depends what you pay), our sitelite will automatically collect your brain data from your chip as a backup, in case accident.





A cyborg , a contraction of "cybernetic organism", is a being with both organic and biomechatronic body parts. And you can change the cyborg's appearance and shape of body.

ANNEX 5: DISCLAIMER



1. Some religions may prohibit reincarnation and eternity, client need know their belief which contradict our project or not in advance.
2. BRAIN DATA TRANSMISSION SERVICE/BRAIN TRANSPLANT SERVICE may lead to certain degree injury and danger, even life-threatening consequences, from both known and unknown causes, and no warranty or guarantee has been made as to result or cure.(See doctor for details)
3. When the operation is successful, still might cause some complications which may lead to certain degree injury and danger, even life-threatening consequences as well.(See doctor for details)
4. When return to normal after 3-12 month, there was evidence that people might have self-recognition disorder and mental illness.(See doctor for details)

I have read and understood adequately the descriptions, which the server and doctor explained to me.

I (signature) _____ or relative/guardian

(signature) _____ (Relationship) _____, hereby consent to undergo 'Project Eternity'. And I am willing to undertake the risks of the project procedure.

I have fully explained the nature, risks and benefits of our service to the above client/relative/guardian, and answered their questions. To the best of my knowledge, the client/relative/guardian has been informed adequately and has consented. The medical staff will do their utmost to perform emergency management for the patient if any above stated description occurs.

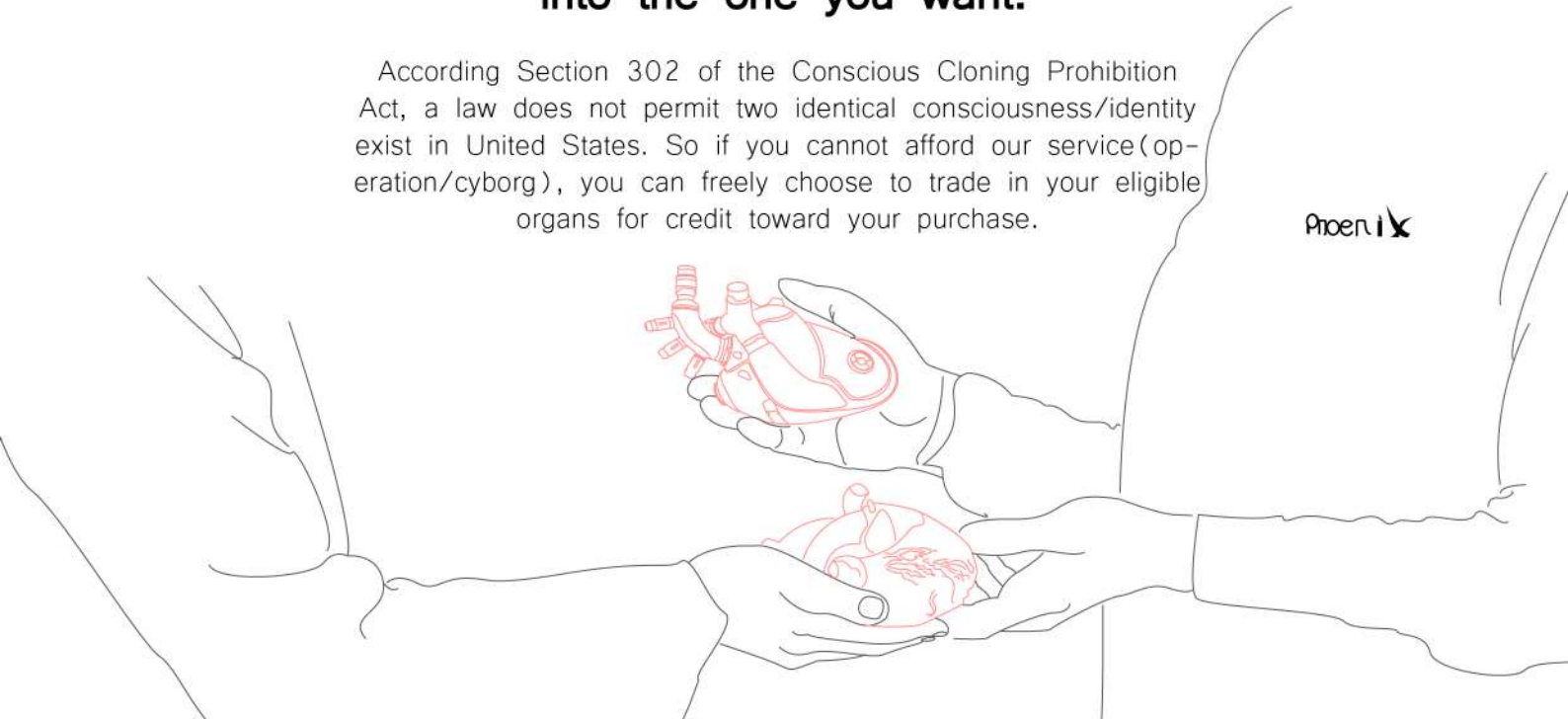
Doctor's signature: _____

Date: _____ D _____ M _____ Y



Phoenix Trade In Turn the body you have into the one you want.

According Section 302 of the Conscious Cloning Prohibition Act, a law does not permit two identical consciousness/identity exist in United States. So if you cannot afford our service (operation/cyborg), you can freely choose to trade in your eligible organs for credit toward your purchase.



AVERAGE AMOUNT BILLED FOR TRANSPLANTS IN THE U.S IN 2045.

\$1.1MILLION
HEART

\$762,000
LUNGS (SINGLE)

\$713,000
LIVER

\$793,000
BONE MARROW
(ALLOGENIC)

\$20,000
CORNEA

\$1MILLION
INTESTINE

\$315,000
KIDNEY

\$247,000
PANCREAS

