



FORM X
OFFICIAL REGISTRATION – CORPORATE SYNOD STAFF
2023 LCMS CONVENTION

Auto-fill form at:
lcms.org/convention/registrations

Classification (CL)*

- O – Ordained Minister
- C – Commissioned Minister
- L – Layperson

Registration Category: One category/entity per form – SELECT the correct category

- Convention Management
- Convention Support Staff
- Non-Convention Role
- Other: _____

Office/Department/Organization: _____

*(Note: Enter a CL code to indicate classification.)

Last Name - First Name - MI - Suffix	CL*	Address		
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		**Cell Phone:
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		**Cell Phone:
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		**Cell Phone:
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		**Cell Phone:
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		**Cell Phone:
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		**Cell Phone:
		Street:		City/State/ZIP:
		P.O. Box:		City/State/ZIP:
		Email:		**Cell Phone:

**Cell phone for convention use only.

Submitting by (Name/Phone): _____ / _____

<p>By typing my initials and emailing this report form I affirm, to the best of my knowledge, the report form received is complete and accurate.</p>	<p>LCMS Certification Initials: _____</p>	<p>Date: _____</p>
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