



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): _____ / _____

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.

LCMS Certification Initials:

Date: