



FORM VIII
OFFICIAL REGISTRATION – SPECIAL GUESTS
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

Former LCMS Presidents
 International Church Partner
 National Church Body (USA)
 New Church Partner
 Auxiliary Representative
 LCMS Board of Directors Spouses
 Council of Presidents Spouses
 Other Special Invited Guests

Church/Organization/Entity: _____

*(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:

**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: