THE LUTHERAN CHURCH MISSOURI SYNOD

2023 LCMS CONVENTION

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

FORM VII

NOTICE OF CHANGE IN REGISTRATION

ADVISORY REPRESENTATIVES

Check the appropriate box.

The following advisory representative will not be attending the 2023 LCMS convention:

☐ ***This representative will not be replaced.***

☐ ***This representative will be replaced by the following individual:***

Name (Last, First, MI, Suffix):		
Street:		
City/State/ZIP:		
P.O. Box:		
City/State/ZIP:		
Email:		
Cell Phone:		
Congregation Name:		
Congregation City and State:		

Cell phone for convention use only.

District: _____

Organization/Department/District: _____

Submitted by (Signature/Date): _____ / _____

By typing my initials and emailing this change form I affirm, to the best of my knowledge, that the change form received is complete and accurate.

Certification Initials:	**Date:**