

FORM XI
NOTICE OF CHANGE IN REGISTRATION
NON-HANDBOOK CATEGORIES

Check the appropriate box.

The following registered individual will not be attending the 2023 LCMS convention:

This individual will not be replaced.

This individual will be replaced by the following person:

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

Cell phone for convention use only.

Registration Category

(Place an 'X' in only one box below.)

Special Guests

Corporate Synod Staff

Convention Support

Other _____

Organization/Department: _____

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:
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