

**FORM IX**  
**OFFICIAL REGISTRATION – CONVENTION SUPPORT**  
**2023 LCMS CONVENTION**

Auto-fill form at:  
[lcms.org/convention/registrations](https://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**

Worship/Music Leaders  
Convention Presenter, Essayists, Musicians  
Assistant Secretary  
Committee on Elections  
Task Forces  
Parliamentarian  
Legal Counsel  
Time Keeper, Stage Assistants, etc.

Committee for Convention Nominations  
Local Committee (volunteers)  
Other: \_\_\_\_\_

\*(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.

G#U o#

Initials:

Date: