



ASSOCIATION OF LACTATION
CONSULTANTS IN IRELAND

Spring Study Day 2014

“Oral & Physical Assessment – A Team Approach”

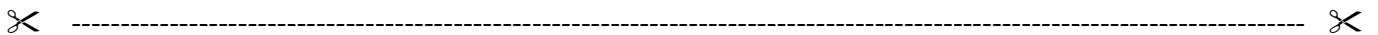
Parent Education Centre, University Maternity Hospital,
Ennis Road, Limerick. Saturday March 29th 2014.

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| 9.00–9.20 | Registration, refreshments and networking |
| 9.20-9.30 | Welcome |
| 9.30-11.30 | Nicola O’Byrne IBCLC, Neonatal/Paediatric Nurse. 2 CERPs applied for <i>“Assessing The Breastfeeding Baby With A Focus On Sucking Skills.”</i> Deirdre Kennedy BSc, MIACST, CST-T, CST Advanced, CSTP, ITEC, CST in Water, Equine CST. <i>“CST Evaluation And Treatment Of Feeding-Bonding And Beyond.”</i> |
| 11.30-1.00 | ALCI AGM (ALCI members only) |
| 1.00–2.00 | Light lunch |
| 2.00-4.00 | Nicola O’Byrne IBCLC, Neonatal/Paediatric Nurse. 2 CERPs applied for <i>“A Procedural Approach To Resolving Breastfeeding Difficulties.”</i> Professor Fenton ENT. <i>“Personal Experience with Neonatal Tongue Tie.”</i> |
| 4.00-4.15 | Closing remarks |

Event fees: Early Bird Rate (before Friday 14th March) = €15. Regular Rate (after Friday 14th March) = €20. The event is open to all current ALCI members & staff of University Maternity Hospital, Limerick. You may include your ALCI Membership / renewal with your event registration. Places are limited for this event, and must be pre-registered and pre-paid. If you are unable to attend, a full refund will be made if 48 hours notice is given, or another member may attend in your place.

Limited parking is available at the Parent Education Centre, or alternatively, public parking is available across the road (under The Strand Hotel) at a cost of € 1.50 per hour (reduced rates for hotel guests). **Do you have a friend or colleague interested in attending? If they wish to join ALCI and attend the event, just email info@alcireland.ie for membership and event forms.**

Contact ALCI with any queries ~ info@alcireland.ie ~ 089 441 6497 ~ www.alcireland.ie



ALCI Members’ Only Spring Study Day 2014 Registration Form

Name & Qualifications: _____

Email address (please print): _____

Mobile phone number: _____

- (1) I enclose €15 (before Friday 14th March) or €20 registration
- (2) I am a current member of ALCI (2014-2015).
- My ALCI membership (2014-2015) fee and form are enclosed.
- I am a staff member at University Maternity Hospital, Limerick.

Specific dietary requirements: _____

Post to: ALCI Administration, Lackaneen, Lombardstown, Mallow, Co. Cork.