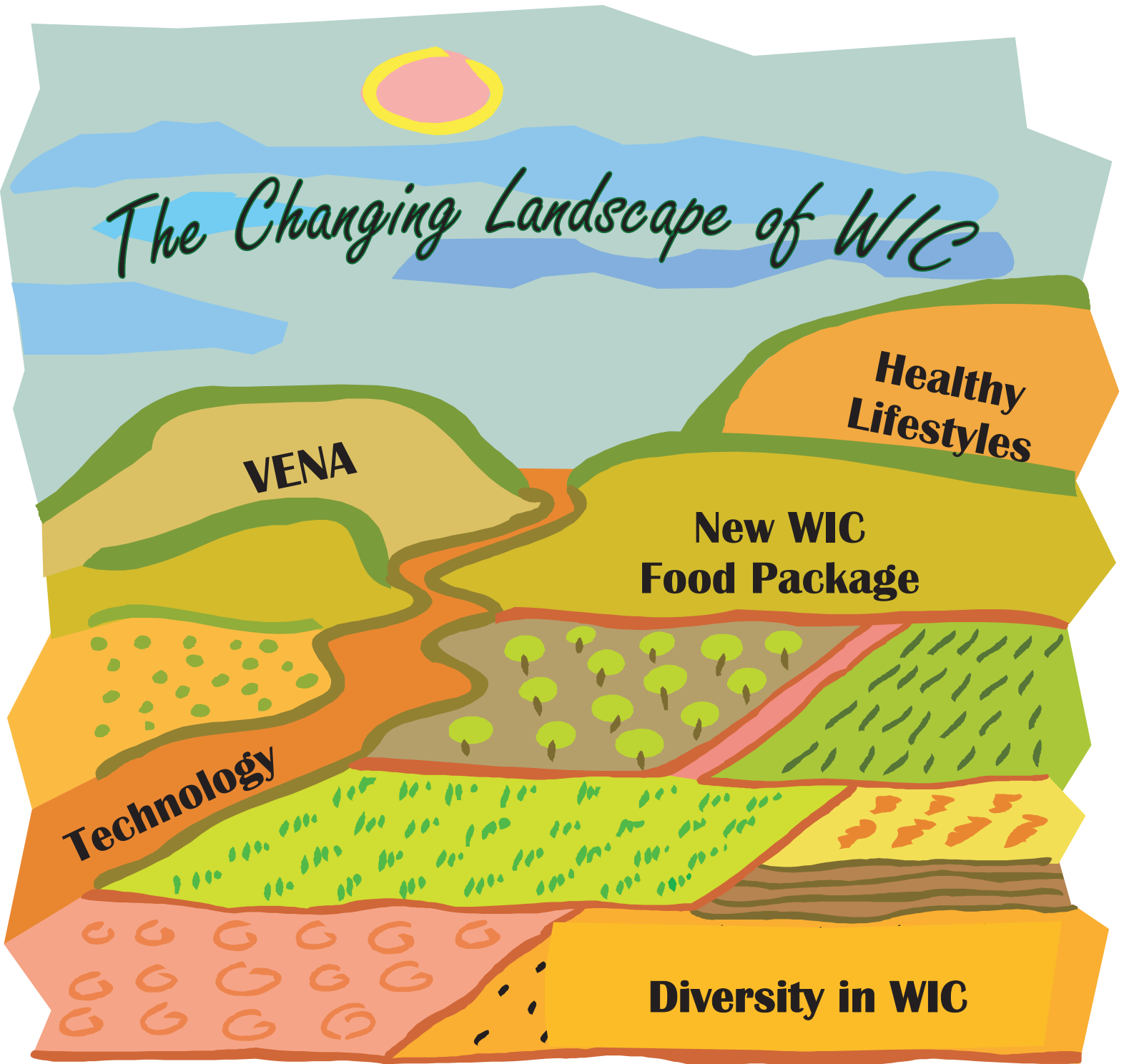


The WIC Association of New York State, Inc.
Presents the
31st Annual WIC Conference

The Changing Landscape of WIC



Sunday, October 28 – Wednesday, October 31, 2007
The Desmond Hotel and Conference Center
Albany, New York

**Join us for the
31st Annual WIC Conference
in Albany, New York**

The Desmond Hotel and Conference Center



660 Albany Shaker Road, Albany, NY 12211

(518) 869-8100

www.desmondhotelsalbany.com

**Please note that you cannot register for the Hotel online.
Enclosed in this booklet is a Hotel Registration form for your use.**



31ST ANNUAL WIC CONFERENCE

OCTOBER 28-31, 2007

Conference Goals and Objectives

The 31st annual WIC conference will cover a myriad of subjects ranging from nutrition and health topics to management issues, from WIC regulations to effective counseling skills. The conference theme this year is *The Changing Landscape of WIC*, which is in keeping with the many changes the WIC program will be experiencing on a national, state, and local level. It is our expectation that through plenary sessions, workshops, and exhibits, conference attendees will learn about the exciting changes ahead, as well as effective strategies for promoting positive lifestyle habits that encourage the consumption of healthful foods and the practice of regular physical activity.

At this year's conference, attendees will:

- Hear from experts in the field of nutrition, fitness and public health;
- Learn about nutrition and fitness strategies that will work in any community setting;
- Develop new skills and improve existing competencies;
- Earn Continuing Education credits and fulfill NYS WIC mandatory training requirements;
- Learn best practices that can be implemented in their agency;
- Share their own public health experiences with peers and leaders; and,
- Discover the latest public health products and services,
- Have the opportunity to vote on the revised NYS WIC Association Bylaws.

Who Should Attend

Nutritionists, Dietitians, Health Educators, Social Workers, Nurses, Health Care Providers, Lactation Counselors, WIC Program staff, WIC Advocates and WIC Consumers

Registration Information

This packet contains the following forms:

- General Conference Registration Form
- Hotel Registration Form
- Consumer Conference Registration Form

All conference forms can be downloaded from The WIC Association of NYS, Inc. website at www.nyswica.org.

THE CHANGING LANDSCAPE OF WIC

Program Agenda

SUNDAY, OCTOBER 28, 2007

EVENT	SPEAKER	TIME
Registration		2:00 – 8:30 PM
<i>Pre-Conference Workshops</i>		
1. Identification of Child Abuse and Neglect	Lance Harvey	4:00– 5:30 PM
2. Fun and Healthy Cooking: Recipes You Can Use in Your Fit WIC Clinic	Megan Latza	4:00– 5:30 PM
Workshop and Event Managers Meeting	Alma Brandiss Janet Mintz	5:30 – 6:00 PM
Breastfeeding Peer Counselor and Breastfeeding Coordinators Meeting	Kathy Carpenter Cathryn Mitzbani Patty Garrett	7:30 – 8:30 PM
New Coordinators “Meet & Greet”	Cindy Walton Janet Mintz	7:30 – 8:30 PM
Consumers “Meet & Greet”	Nancy Glasgow Erin McAnulty Eric Reynolds	7:30 – 8:30 PM
Exhibits		8:30 – 10:00 PM
Opening Night Reception		8:30 – 10:00 PM

Please note that this is a preliminary agenda; times and speakers are subject to change.

MONDAY, OCTOBER 29, 2007

EVENT	SPEAKER	TIME
Morning Exercise		6:30 – 7:00 AM
Breakfast		7:00 – 8:30 AM
Registration		8:00 – 3:00 PM
Exhibits		8:00 – 6:00 PM
<i>Welcome and Opening Remarks</i>	Cindy Walton Dr. Daines Tim Mooney	8:30 – 9:00 AM
<i>Keynote Address</i>		
Improving the Quality of Your Journey	Mary Ann Neifert, MD, MTS	9:00 – 10:00 AM
Break		10:00 – 10:30 AM
<i>Concurrent Workshops</i>		
1. Budgeting for Change	Laura VanValkenburg	10:30 – 12:00 PM
2. Diabetes Update: The Transformation of the ADA Diet	Ozie Williams	10:30 – 12:00 PM
3. Crime Stoppers 101: How to Detect Fraud and Abuse in WIC	Kathy Carpenter Rudy Sicari Dan Winokur	10:30 – 12:00 PM
4. Medical Indications for Special Formulas	Sue Barber Lisa Cogswell	10:30 – 12:00 PM
5. Critical Factors for Early Breastfeeding Success*	Mary Ann Neifert, MD, MTS	10:30 – 12:00 PM
Lunch Buffet		12:30 – 1:30 PM
<i>Town Hall Meetings</i>		
1. Consumers		1:45 – 3:15 PM
2. Support Staff		1:45 – 3:15 PM
3. VMA Staff		1:45 – 3:15 PM
4. CPA Staff		1:45 – 3:15 PM
5. WIC Directors		1:45 – 3:15 PM
Break		3:15 – 3:30 PM
<i>General Afternoon Session</i>		
The Changing State of WIC in NYS	Tim Mooney	3:30 – 5:00 PM

TUESDAY, OCTOBER 30, 2007

EVENT	SPEAKER	TIME
Morning Exercise		6:30 – 7:00 AM
Breakfast		7:00 – 8:30 AM
Registration		8:00 – 12:00 PM
Exhibits		8:30 – 4:00 PM
<i>Concurrent Workshops</i>		
1. Crime Stoppers 101: How to Detect Fraud and Abuse in WIC	Kathy Carpenter Rudy Sicari Dan Winokur	8:30 – 10:00 AM
2. New Information on Fetal Alcohol Spectrum Disorders (FASD)*	Margo Singer	8:30 – 10:00 AM
3. What is the True Dietary Requirement for Vitamin D?	Bruce Hollis, PhD	8:30 – 10:00 AM
4. Maternal Obesity & Weight Gain: Links to Pregnancy Outcomes and Beyond	Christine Olson, PhD, RD	8:30 – 10:00 AM
5. Breastfeeding in NYS: Past, Present & Future*	Mary Applegate, MD, MPH, FACPM	8:30 – 10:00 AM
6. Determining Household Size in WIC	Trish MacEnroe Joann Koepfel	8:30 – 10:00 AM
Break		10:00 – 10:30 AM
<i>Concurrent Workshops</i>		
1. Grant Writing and Evaluation	Marta Baez	10:30 – 12:00 PM
2. New Information on Fetal Alcohol Spectrum Disorders (FASD)*	Margo Singer	10:30 – 12:00 PM
3. What is the True Dietary Requirement for Vitamin D?	Bruce Hollis, Ph.D	10:30 – 12:00 PM
4. Maternal Obesity & Weight Gain: Links to Pregnancy Outcomes and Beyond	Christine Olson, PhD, RD	10:30 – 12:00 PM
5. Medical Implications for Special Formulas	Sue Barber Lisa Cogswell	10:30 – 12:00 PM
6. Determining Adjunct and Income Eligibility in WIC	Trish MacEnroe Joann Koepfel	10:30 – 12:00 PM
Lunch Buffet		12:30 – 1:30 PM
<i>General Afternoon Session</i>		
Touching Hearts, Touching Minds	Jan Kallio	2:00 – 3:30 PM
<i>Dinner Session and Annual Meeting</i>		
What to Eat: Personal Responsibility vs Social Responsibility	Marion Nestle, PhD, MPH	6:30 – 8:30 PM

WEDNESDAY, OCTOBER 31 2007

EVENT	SPEAKER	TIME
Morning Exercise		6:30 – 7:00 AM
Breakfast		7:30 – 9:00 AM
Registration		8:00 – 9:00 AM
<i>Concurrent Workshops</i>		
1. Fit WIC Pilot Project	Kirsten Davison, PhD	9:00 – 10:30 AM
2. Diabetes Update: The Transformation of the ADA Diet	Ozie Williams	9:00 – 10:30 AM
3. Effective Leadership Strategies to Motivate Staff Through the Change Process	Fred S. Sganga, FACHE	9:00 – 10:30 AM
4. Working and Breastfeeding Made Simple*	Nancy Mohrbacher, IBCLC	9:00 – 10:30 AM
5. Embracing our Differences*	Fannie Glover	9:00 – 10:30 AM
Break		10:30 – 11:00 AM
<i>Closing Session</i>		
The Magic of Change: How to Use Humor and Creativity...For a Change	Margie Ingram	11:00 – 12:30 PM
Boxed Lunch		12:30 – 1:30 PM

Continuing Education Credits

Continuing education credits will be available for several professions. Take advantage of this Annual Meeting to earn continuing education units if you are a WIC CPA, Registered Dietitian, IBCLC, or CLC.

Please note that the workshops that are marked with an asterisk (*) will fulfill NYS WIC Program mandatory training requirements.

Exhibitors

An interactive and comprehensive exchange of information and ideas related to breastfeeding, nutrition and fitness products will take place in a central location where attendees will be able to meet with manufacturers, health related agencies, and other companies.

Exhibit space is going fast. If you would like to exhibit, please contact Juliet Campbell, Exhibit Coordinator at (718) 857-4268 or by email at Campbell.juliet@gmail.com.



2007 WIC Annual Conference Registration Form and Invoice

Photocopy registration form for use by each additional registrant.
Please use black ink when completing form and be sure to print clearly.

Name: _____
First Last

Organization: _____ WIC LA #

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

√ all that apply: WIC Coordinator CPA Support Staff Speaker BOD Member Other

CONFERENCE REGISTRATION FEES

(Place √ in all boxes that apply)

	<u>Before 10/5/07</u>	<u>After 10/5/07</u>
<input type="checkbox"/> Registration (staying at hotel 10/28/07-10/31/07)	<input type="checkbox"/> \$250	<input type="checkbox"/> \$280
<input type="checkbox"/> Registration (commuter)	<input type="checkbox"/> \$270	<input type="checkbox"/> \$300
<input type="checkbox"/> One Day Only: (Check date attending: <input type="checkbox"/> 10/29 <input type="checkbox"/> 10/30 <input type="checkbox"/> 10/31)	<input type="checkbox"/> \$195	<input type="checkbox"/> \$225

TOTAL CONFERENCE REGISTRATION FEE: \$ _____ **Enclosed** **To Be Mailed**

- Conference registration fee does not cover hotel expenses. You must register for the hotel separately by completing the hotel registration form that is included in this packet. Please indicate if you will be staying at the Desmond Hotel and Conference Center: YES NO
- Conference fee includes breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday. Please indicate your selection for dinner: Chicken and Teriyaki Steak Herb Basted Salmon Vegetable Strudel Kosher Meal
- Please indicate if you are interested in volunteering at the conference: YES NO

Please make checks payable to The WIC Association of NYS, Inc. and mail with registration form to:

The WIC Association of NYS, Inc.
C/O Sherry M. Wilson
238 Arsenal Street
Watertown, NY 13601
Phone: (315) 782-9450 Fax: (315) 782-2643

For more information visit The WIC Association of New York State, Inc. website at www.nyswica.org.

Confirmation of receipt of payment will be sent by fax or mail within 10 days. Cancellations received in writing by close of business October 5, 2007 will be refunded less a \$35.00 processing fee. No refunds after October 5th. If you do not cancel your registration in writing and do not attend you will not receive a refund. You may, however, send a substitute in your place.
If you have not registered or made arrangements to pay at the door, you will not be able to attend the event.

For Office use only:

Date Received Processed by Invoice # Date Confirmation Sent

HELPFUL HINTS ABOUT THE CONFERENCE

- ✓ The conference fee covers attendance at all program sessions, conference materials, breakfast and lunch on Monday, Tuesday and Wednesday, as well as dinner on Tuesday evening.
- ✓ Please register for the conference as early as possible, and before October 5th to avoid a late fee. If you are unable to obtain an agency check for conference payment prior to October 5th, please be sure to mail or fax a reservation form to reserve your attendance at the conference. Once you receive your agency check, please forward the check along with a copy of your completed registration form to:

The WIC Association of NYS, Inc.
C/O Sherry M. Wilson
238 Arsenal Street
Watertown, NY 13601

- ✓ If you are planning on staying at the Desmond Hotel and Conference Center you must complete the hotel registration form that is in this packet. Hotel fees are **not** included in the conference fees.
- ✓ **Something new this year**... instead of asking each local agency to donate a door prize, we are inviting the Regions to contribute a gift. If you have some great ideas about door prizes, please contact your Regional Chair(s). The Regions include Capital, Central, Metropolitan, and Western.
- ✓ During the conference volunteers are needed to assist with registration or to serve as workshop facilitators. The time commitment is minimal and it is a great way to get to know some of your colleagues from across the state. If you are interested in volunteering, please be sure to check the appropriate box on the conference registration form and someone will contact you at a later date.
- ✓ If you should need additional information about the conference, please contact the following people:

General Information (Conference Co-Chairs)

Valrose Lounds	(212) 568-6869	val9003@nyp.org
Carrie Aaron-Young	(914) 813-5231	caa1@westchestergov.com

Registration

Sherry Wilson	(315) 782-9450	mlynch@childrens-clinic.org
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Exhibitors

Juliet Campbell	(718) 857-4794	campbell.juliet@gmail.com
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Poster Session and/or Entertainment

Kathy Carpenter	(646) 619-6455	kcarpenter@mhra.org
Cathryn Mizbani	(518) 346-2398	cah18@cornell.edu

Door Prizes

Cathryn Mizbani	(518) 346-2398	cah18@cornell.edu
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Volunteers

Alma Brandiss	(212) 562-6125	brandisa@bellevue.nychhc.org
Janet Mintz	(212) 423-7930	janet.mintz@nychhc.org

Make a copy of this page for your files before submitting the registration form on the other side



The WIC Association of NYS, Inc.
October 28-October 31, 2007

To make your hotel reservations, please MAIL or FAX (not both) this form to the address below. No phone reservations will be accepted. Please send reservations for shared rooms at the same time.

RESERVATION INFORMATION (Please type or print legibly)

Accommodations will be occupied by:
 Name _____
 Agency _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ - _____ Ext _____
 Fax () _____ - _____
 Email _____

Arrival Date _____ Departure Date _____
 # Nights _____ # Adults _____

<p>LIST ROOMMATE(S)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

CUTOFF DATE: October 8, 2007

Reservations must be made before the cutoff date in order to secure the group rate.

Check-in time 4:00 PM Check-out time: 12:00 PM

ROOM RATES Please select one of the following packages. **THERE ARE NO EXCEPTIONS TO THE VARIOUS PACKAGES.**

Three Night Package: Arrive Sun. 10/28/07--Depart Wed. 10/31/07:
 _____ Single \$467/person _____ Double \$272/person
 _____ Triple \$224/person _____ Quad \$197/person

Two Night Package: Arrive Sun. 10/28/07--Depart Tues. 10/30/07 **OR** Arrive Mon. 10/29/07--Depart Wed. 10/31/07:
 _____ Single \$312/person _____ Double \$182/person
 _____ Triple \$150/person _____ Quad \$132/person

One Night Package: Arrival Sun., 10/28--Depart Mon. 10/29 **OR** Arrive Monday 10/29--Depart Tues. 10/30 **OR** Arrive Tues. 10/30--Depart Wed. 10/31:
 _____ Single \$158/person _____ Double \$93/person
 _____ Triple \$77/person _____ Quad \$68/person

For directions to the hotel, please visit the website:
www.desmondhotelsalbany.com

Reservations for this event are NOT able to be booked by phone or online.

RESERVATION GUARANTEE/DEPOSIT POLICY:

All reservations must be guaranteed using a credit card or advance deposit. Personal checks will be accepted 14 days prior to check-in to guarantee a reservation and for payment. Personal checks MAY NOT be presented at the time of check out as a method of payment. In the event you need to leave or change your reservation once registered, the entire value of the package will be charged.

____ Enclosed is my deposit of \$100 payable to The Desmond Hotel & Conference Center.
 ____ Guarantee my reservation to the credit card below. I have authorized this charge with my signature.

Credit Card Company _____ Exp. Date _____
 Credit Card # _____
 Card Holder Name _____
 Signature _____

CANCELLATION POLICY:

Cancellation less than 72 hours prior to scheduled arrival date will result in forfeiture of your deposit or if a credit card was used, a charge equal to one night's stay will be applied to the above credit card.

TAX EXEMPT INFORMATION:

Please bring your completed tax-exempt form and a municipal form of payment i.e. municipal credit card, municipal check or purchase order. Your personal credit card may not be used as a valid method of payment with the tax-exempt status.

Reservation ID# 1115LK
Return this form to: The Desmond Hotel & Conference Center, 660 Albany-Shaker Road, Albany, NY 12211
Fax: 518-869-7659

HOTEL INFORMATION

This year the conference will be held at The Desmond Hotel and Conference Center located in Albany, NY. This full-service hotel offers a number of amenities including but not limited to onsite restaurant and lounge, 2 heated indoor pools, a fitness center, complimentary wireless internet access, and free parking. For additional information about the hotel, please visit their website at www.desmondhotelsalbany.com.

Please be sure to make your reservations early! In order to receive the special conference rate, all reservations must be made via mail or fax (not both) using the Reservation Form enclosed in this booklet. Online and telephone reservations will not be accepted. Hotel Reservation Forms must be completed and mailed to the address below by **Thursday, October 8, 2007**.

The Desmond Hotel
Reservations
660 Albany-Shaker Road, Albany, NY 12211
Reservations Fax Number: 518-869-7659

TRAVEL INFORMATION

Driving Directions:

If you are arriving from the SOUTH or from the WEST:

Take the New York State Thruway to Exit 24. After toll booths, take the Adirondack Northway (I-87) North to Exit 4 Albany Airport exit. At the end of the ramp, go left on Wolf Road. At next traffic light, go left on Albany-Shaker Road. You will pass under the highway; do not get back on I-87 south, rather, proceed straight through the intersection, and prepare to make a left-hand turn. The Desmond is the first building on your left, set back from the road, and resembles a colonial village.

If you are arriving from the EAST:

Take the Mass Turnpike West to Exit B1, "I-90 Albany West". Remain on I-90 West for 15-20 miles, viewing downtown Albany to your left about mid-way. Stay on I-90 until you see signs for "Montreal North". Go North on the Adirondack Northway "Montreal" I-87 to Exit 4 Albany Airport". At bottom of ramp go left onto Wolf Road. At next traffic light, go left onto Albany-Shaker Road. You will pass under the highway; do not get back on I-87 south, rather, proceed straight through the intersection, and prepare to make a left-hand turn. The Desmond is the first building on your left, set back from the road, and resembles a colonial village.

If you are arriving from the NORTH:

Take the Adirondack Northway (I-87) to Exit 4, "Albany Airport/Wolf Road". On ramp, bear to the right. At end of ramp, there is a traffic light. Go left onto Old Wolf Road. At the next traffic light go right onto Albany-Shaker Road and take an immediate left into our parking lot. The Desmond is set back from the road, and resembles a colonial village.

The Desmond Hotel and Conference Center is pleased to offer free parking in front and behind the hotel entrance.

Train Travel:

For information about train travel, please visit the AMTRAK website at www.amtrak.com.

Make a copy of this page for your files before submitting the hotel reservation form on the other side

**CONSUMER SCHOLARSHIP APPLICATION
WIC ASSOCIATION OF NYS ANNUAL CONFERENCE
OCTOBER 28-31, 2007**

PLEASE REFER TO THE INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING. PLEASE PRINT CLEARLY.

AUTHORIZING WIC STAFF: _____

LOCAL AGENCY NAME and NUMBER: _____

ADDRESS: _____ CITY: _____

ZIP: _____ PHONE #: _____ FAX #: _____

CONSUMER NAME: _____

ADDRESS: _____ CITY: _____

ZIP: _____ PHONE #: _____ CONSUMER EMAIL: _____

EMERGENCY CONTACT PERSON NAME & PHONE #: _____

Please specify the amount of assistance needed. No payment will be made for expenses incurred which are not requested on this application.

Hotel (check all that apply)

Arriving on:
___ Sun ___ Mon ___ Tues

Staying at the hotel on:
___ Sun ___ Mon ___ Tues

Leaving on:
___ Mon ___ Tue ___ Wed

Roommate name: _____

Highchair needed? ___ Yes ___ No Crib needed in hotel room? ___ Yes ___ No

Complete for each infant attending conference: Name: _____ Age: ___ Name: _____ Age: ___

Any special need of infant/self _____

Note: All consumer rooms will be designated as non-smoking.

MEALS

Breakfast and Lunch on Mon, Tues, and Wed are included with Hotel Registration.

Dinner on Tuesday is included with Conference Registration.

Other meals (Sunday and Monday dinner) must be checked below.

Check all that apply: ___ Sunday dinner ___ Monday dinner

Allowance for Dinner is \$20.00

Total Meal Cost: \$ _____

TRANSPORTATION

(Paid by WIC Association)

___ Bus \$ _____

___ Car \$ _____

___ Tolls \$ _____

___ Train \$ _____

___ Traveling with Local Agency
Provider

OTHER COSTS (subject to approval)

Specify: _____ \$ _____
_____ \$ _____

Coordinator: Please check math & initial total estimate

TOTAL ESTIMATE OF CONSUMER COSTS: \$ _____

REGION:

___ ALBANY ___ CENTRAL ___ METROPOLITAN ___ WESTERN

ASSOCIATION USE ONLY

CHECK #: _____ DATE: ___/___/___

APPROVED AMOUNT: _____

BY WHOM: _____

COMMENTS: _____

ROOMMATE ASSIGNED: _____

DATE TRAVEL REIMBURSEMENT FORM

RECEIVED ___/___/___

INSTRUCTIONS FOR CONSUMER SCHOLARSHIP FORM

Definition of WIC Consumer: Any individual who is either a WIC participant herself or who is a parent, legal guardian or appointed caretaker of a WIC participant(s).

1. Please submit one consumer application per agency.
2. This request does not automatically guarantee a scholarship. Final selection process is by committee.
3. No payment will be made for expenses, which are not pre-approved and requested on this application.
4. **Consumers must keep all receipts and return them to the local agency Coordinator with an expense report.**
5. Complete both conference registration and consumer scholarship forms and send to: **Nancy Glasgow. Send No Money.** (Consumer registration fee is waived.)
6. Room reservation and room payment for consumer(s) will be made by the conference staff unless the consumer is sharing with local agency staff. Please provide accurate information about consumer lodging needs. **Consumers who indicate no roommate will be matched with consumers from other programs.**
7. Rooms will be paid for directly by the Association. Phone calls, room service charges and other hotel or "shopping" expenses will **NOT** be covered by the scholarship. **Please bring a credit card or \$20.00 for miscellaneous services such as outgoing phone calls or movies.**
8. At home childcare will be paid by the WIC Association at the cost of \$35.00 or less per day per child for October 28, 29, 30 and 31, 2007. Please call **Nancy Glasgow** at **607-687-3147** for additional information.
9. Scholarship determinations and checks will be sent directly to the local agency for distribution to the consumer.
10. The local agency staff person who authorizes the consumer application will be responsible for returning unused money, should a consumer be unable to attend the conference.

.....
THIS FORM, WITH BOTH SIDES COMPLETED, MUST BE RECEIVED BY OCT. 1, 2007

Return both (scholarship and conference registration) forms to:

Nancy Glasgow, Director
Family Health Services
PO Box 70
Owego, NY 13827
Phone: 607-687-3147 Fax: 607-687-9566

.....
AUTHORIZATION

I am recommending _____ for a consumer scholarship to attend the WIC Association of New York State, Inc. Conference. I certify that he/she would not be able to attend this meeting without the scholarship assistance. I further certify that he/she is a current WIC consumer. I will be responsible for returning the scholarship check if the consumer is unable to attend and will collect and forward appropriate receipts after the conference.

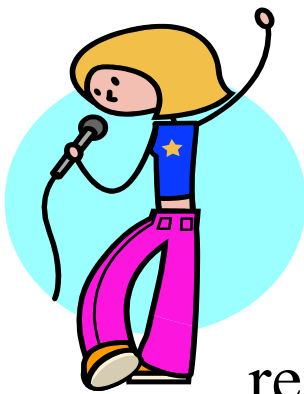
Authorizing Signature _____ (Coordinator)

.....
AS A CONSUMER, I understand that my responsibilities at the conference include:

1. Attending all four workshop sessions, as well as general sessions.
2. Accounting for all expenses and submitting receipts along with my travel reimbursement form.
3. Staying in the room assigned by the WIC Association.

Signature of Consumer _____

Show Us What You've Got! Enter our Tuesday Evening Talent Show



We're challenging our conference attendees this year to come up with a rap, song, dance, or poem on a WIC-related theme. We already know there are some awesome breastfeeding songs and dances out there and we've heard that there's a broccoli rap floating around someplace. We'd love to see your Fit WIC moves and whatever else you've got so start practicing now!



**The WIC Association of NYS, Inc.
c/o Sherry M. Wilson
238 Arsenal Street
Watertown, NY 13601**