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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>Conference Registration Form</title>
</head>
<body>
  <h1>Conference Registration Form</h1>
  <form action="/submit-form" method="post">
    <!-- Participant Details -->
    <fieldset>
      <legend>Participant Details</legend>
      <label for="full-name">Full Name:</label>
      <input type="text" id="full-name" name="full_name" placeholder="Enter your full name" required><br><br>

      <label for="email">Email:</label>
      <input type="email" id="email" name="email" placeholder="example@domain.com" required><br><br>

      <label for="phone">Phone Number:</label>
      <input type="tel" id="phone" name="phone" pattern="\d{10}" placeholder="Enter your 10-digit number" required><br><br>

      <label for="age">Age:</label>
      <input type="number" id="age" name="age" min="18" max="60" required><br><br>
    </fieldset>

    <!-- Event Preferences -->
    <fieldset>
      <legend>Event Preferences</legend>
      <label for="events">Select up to two events:</label>
      <select id="events" name="events[]" multiple size="5" required>
        <option value="coding_contest">Coding Contest</option>
        <option value="hackathon">Hackathon</option>
        <option value="paper_presentation">Paper Presentation</option>
        <option value="robotics_challenge">Robotics Challenge</option>
        <option value="keynote_session">Keynote Session</option>
      </select><br>
      <small>Hold Ctrl (Windows) or Command (Mac) to select multiple options.</small><br><br>
    </fieldset>

    <!-- Accommodation Details -->
    <fieldset>
      <legend>Accommodation Details</legend>
      <label>
        <input type="radio" name="accommodation" value="hostel" required> Hostel
      </label><br>
      <label>
        <input type="radio" name="accommodation" value="hotel"> Hotel
      </label><br>
      <label>
        <input type="radio" name="accommodation" value="none"> None
      </label><br><br>
    </fieldset>

    <!-- Dietary Preferences -->
    <fieldset>
      <legend>Dietary Preferences</legend>
      <label>
        <input type="checkbox" name="dietary_preferences" value="vegetarian"> Vegetarian
      </label><br>
      <label>
        <input type="checkbox" name="dietary_preferences" value="non_vegetarian"> Non-Vegetarian
      </label><br>
      <label>
        <input type="checkbox" name="dietary_preferences" value="vegan"> Vegan
      </label><br>
      <label>
        <input type="checkbox" id="other-dietary" name="dietary_preferences" value="other"> Other (Specify below)
      </label><br>
      <input type="text" id="other-dietary-input" name="other_dietary" placeholder="Specify other dietary preferences" disabled><br><br>
    </fieldset>

    <!-- Additional Info -->
    <fieldset>
      <legend>Additional Info</legend>
      <label for="upload-docs">Upload Student ID (PDF only, max 5 MB):</label>
      <input type="file" id="upload-docs" name="student_id" accept=".pdf" ><br><br>

      <label for="comments">Comments/Requests (optional, max 300 characters):</label><br>
      <textarea id="comments" name="comments" maxlength="300" rows="5" cols="40"></textarea><br><br>
    </fieldset>

    <!-- Consent and Submission -->
    <fieldset>
      <legend>Consent and Submission</legend>
      <label>
        <input type="checkbox" name="consent" required> I agree to the terms and conditions.
      </label><br><br>

      <button type="submit">Submit</button>
      <button type="reset">Reset</button>
    </fieldset>
  </form>

  <script>
    // Enable the "Other" dietary preference text input only when the checkbox is checked
    const otherDietaryCheckbox = document.getElementById('other-dietary');
    const otherDietaryInput = document.getElementById('other-dietary-input');

    otherDietaryCheckbox.addEventListener('change', () => {
      otherDietaryInput.disabled = !otherDietaryCheckbox.checked;
    });
  </script>
</body>
</html>

```

Output:

Conference Registration Form

Participant Details

Full Name:

Enter your full name

Email:

example@domain.com

Phone Number:

Enter your 10-digit number

Age:

Event Preferences

Coding Contest

Hackathon

Paper Presentation

Robotics Challenge

Keynote Session

Select up to two events:

Hold Ctrl (Windows) or Command (Mac) to select multiple options.

Accommodation Details

☐ Hostel

☐ Hotel

☐ None

Dietary Preferences

☐ Vegetarian

☐ Non-Vegetarian

☐ Vegan

☐ Other (Specify below)

Specify other dietary preference

Additional Info

Upload Student ID (PDF only, max 5 MB):

Choose File

No file chosen

Comments/Requests (optional, max 300 characters):

Consent and Submission

☐ I agree to the terms and conditions.

Submit

Reset