

```
<!DOCTYPE html>

<html lang="en">

<head>

  <meta charset="UTF-8">

  <meta name="viewport" content="width=device-width, initial-scale=1.0">

  <title>Advanced HTML5 Elements</title>

  <style>

    table {

      width: 100%;

      border-collapse: collapse;

    }

    th, td {

      border: 1px solid black;

      padding: 8px;

      text-align: left;

    }

    th {

      background-color: #f2f2f2;

    }

  </style>

</head>

<body>

  <h1>Advanced HTML5 Elements</h1>


  <!-- Ordered List with Roman Numerals -->

  <ol type="I">

    <li>First item</li>

    <li>Second item</li>

    <li>Third item</li>
```

</ol>

<!-- External Image from Pexels -->



<!-- Contacts Table -->

<h2>Contacts</h2>

<table>

<tr>

<th>Name</th>

<th>Address</th>

<th>Mobile</th>

<th>Email</th>

</tr>

<tr>

<td>John Doe</td>

<td>123 Main St</td>

<td>+123456789</td>

<td>john@example.com</td>

</tr>

<tr>

<td>Jane Smith</td>

<td>456 Elm St</td>

<td>+987654321</td>

<td>jane@example.com</td>

</tr>

<tr>

<td>Robert Brown</td>

```
<td>789 Oak St</td>
<td>+192837465</td>
<td>robert@example.com</td>
</tr>
<tr>
<td>Emily White</td>
<td>321 Pine St</td>
<td>+5647382910</td>
<td>emily@example.com</td>
</tr>
<tr>
<td>Michael Green</td>
<td>654 Cedar St</td>
<td>+1029384756</td>
<td>michael@example.com</td>
</tr>
</table>
```

```
<!-- Registration Form -->
```

```
<h2>Registration Form</h2>
```

```
<form>
```

```
<label for="name">Name:</label>
```

```
<input type="text" id="name" name="name" placeholder="Enter your name" required>
```

```
<br><br>
```

```
<label for="email">Email:</label>
```

```
<input type="email" id="email" name="email" placeholder="Enter your email" required>
```

```
<br><br>
```

<label for="password">Password:</label>

<input type="password" id="password" name="password" placeholder="Enter your password" required>

<br><br>

<label for="dob">Date of Birth:</label>

<input type="date" id="dob" name="dob" required>

<br><br>

<label>Gender:</label>

<input type="radio" id="male" name="gender" value="male"> <label for="male">Male</label>

<input type="radio" id="female" name="gender" value="female"> <label for="female">Female</label>

<br><br>

<label for="country">Country:</label>

<select id="country" name="country">

<option value="">Select a country</option>

<option value="us">United States</option>

<option value="uk">United Kingdom</option>

<option value="ca">Canada</option>

</select>

<br><br>

<label>Interests:</label>

<input type="checkbox" id="coding" name="interests" value="coding"> <label for="coding">Coding</label>

<input type="checkbox" id="sports" name="interests" value="sports"> <label for="sports">Sports</label>

```
<input type="checkbox" id="music" name="interests" value="music"> <label  
for="music">Music</label>
```

```
<br><br>
```

```
<button type="submit">Register</button>
```

```
</form>
```

```
</body>
```

```
</html>
```