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<!DOCTYPE html>
<html lang="en" dir="ltr">
<head>
  <link rel="stylesheet" href="CSSfood.css">
  <link
href="https://cdn.jsdelivr.net/npm/bootstrap@5.1.1/dist/css/bootstrap.min.css"
rel="stylesheet" integrity="sha384-
F3w7mX95PdgyTmZZMECANGseQB83DfGTowi0iMjiWaeVhAn4FJkqJByhZMI3AhiU"
crossorigin="anonymous">
  <meta charset="utf-8">
  <title>FoodTime</title>
</head>

<body>
  <div class="container-fluid">
    <div class="row">
      <div class="thumbnail">
        <form...>
          <fieldset>
        </form>
        
      </div>
      <?php
require("navbar.php");
      ?>
    <br>
    <?php
    ?>
  </div>

```

```

<!DOCTYPE html>
<html>
  <head>
    <meta charset="utf-8" />
    <meta name="viewport" content="width=device-width, initial-scale=1.0" />
    <title>TABLE RESERVATION</title>
    <link href="assets/css/bootstrap.css" rel="stylesheet" />
    <link href="assets/css/font-awesome.css" rel="stylesheet" />
    <link href="assets/css/custom-styles.css" rel="stylesheet" />
    <link href='http://fonts.googleapis.com/css?family=Open+Sans'
rel='stylesheet' type='text/css' />
  </head>
  <body>
    <div id="wrapper">
      <nav class="navbar-default navbar-side" role="navigation">
        <div class="sidebar-collapse">
          <ul class="nav" id="main-menu">
            <li>
            </li>
          </ul>
        </div>
      </nav>

```

```
<div id="page-wrapper" >
  <div id="page-inner">
    <div class="row">
      <div class="col-md-12">
        <h1 class="page-header">TABLE RESERVATION</h1>
      </div>
    </div>
    <div class="row">
      <div class="col-md-5 col-sm-5">
        <div class="panel panel-primary">
          <div class="panel-heading">PERSONAL INFORMATION</div>
          <div class="panel-body">
            <form action="" name="form" method="post">
```

```
<div class="form-group">
  <label>Nom</label>
  <input type="text" name="fname" class="form-control"
required>
</div>
<div class="form-group">
  <label>Prenom</label>
  <input type="text" name="lname" class="form-control"
required>
</div>
```

```
<div class="form-group">
  <label>Telephone</label>
  <input name="phone" type="text" class="form-control"
required>
</div>
</div>
</div>
</div>
```

```

<div class="form-group">
  <label>Date</label>
  <input name="tme" type="time" class="form-control">
</div>
<div class="form-group">
  <label>Heure</label>
  <input name="dte" type="date" class="form-control">
</div>
</div>
</div>
</div>
<div class="col-md-12 col-sm-12">
  <div class="well">

```

