```
<!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>
 bodv>
 <div class="container-fluid">
  <div class="row">
  <div class="thumbnail">
    <form...>
      <fieldset>
    </form>
     <img width="100%" src="banniere.png">
   </div>
      <?php
      require("navbar.php");
     ?>
  <br>
 <?php
 <!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'</pre>
rel='stylesheet' type='text/css' />
    </head>
   <body>
      <div id="wrapper">
        <nav class="navbar-default navbar-side" role="navigation">
          <div class="sidebar-collapse">
            <1i>>
              </div>
```

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

</div>
</div>

</body>