<form role="form">

<div class="form-group">

<label for="exampleInputName">姓名</label>

<input type="姓名" class="form-control" id="exampleInputName" placeholder="輸入姓名">

</div>

<div class="form-group">

<label for="exampleInputPassword1">連絡電話</label>

<input type="電話" class="form-control" id="exampleInputPhone" placeholder="輸入電話">

</div>

<div class="form-group">

<label for="exampleInputEmail">聯絡信箱</label>

<input type="email" class="form-control" id="exampleInputEmail1" placeholder="輸入電子郵件">

</div>

<button type="submit" class="btn btn-danger btn-lg btn-block">送出</button>

</form>