

Web Form Best Practices



Paul Cheney

SPARTAN DESIGN UNIVERSITY

spartandesignuniversity.com



Agenda



Labeling

Content

Layout

Inputs

Submission

Errors

Design



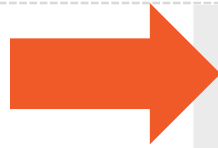
LABELING: Title

**Title your form with the users' needs
and goals in mind.**



LABELING: Title





Payment

Email Address



Card Number (no spaces)

Expiration Date

Jan



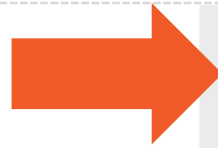
2018



Billing ZIP Code

Card Security Code

Submit



Purchase Movie Tickets

Email Address



Card Number (no spaces)

Expiration Date

Jan



2018



Billing ZIP Code

Card Security Code

Submit



LABELING: Submit Button

Never use the word "submit".



LABELING: Submit Button

End User

**Wants
Desires**

I want to...



I want to...

Purchase Movie Tickets

Email Address



Card Number (no spaces)

Expiration Date

Jan ▾

2018 ▾

Billing ZIP Code

Card Security Code

Submit

Purchase Movie Tickets

Email Address



Card Number (no spaces)

Expiration Date

Jan ▾

2018 ▾

Billing ZIP Code

Card Security Code

Purchase Tickets

Purchase Movie Tickets

Email Address



Card Number (no spaces)

Expiration Date

Jan ▾

2018 ▾

Billing ZIP Code

Card Security Code

Purchase My Tickets



CONTENT: Shorten

Remove unnecessary questions.



Email

Name

Data Mining

Unprofessional

JOIN OUR COMMUNITY

Full Name

Work Email

Job Title

Company Name

Address

Mobile Phone

Work Phone

By submitting data to us you give your consent that data you submit may be processed for the purposes described in the [privacy policy](#).

☐ Accept

SUBMIT

JOIN OUR COMMUNITY

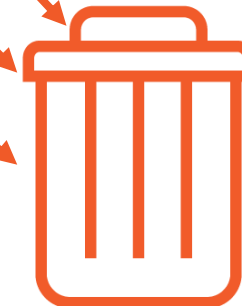
Full Name

Email

By submitting data to us you give your consent that data you submit may be processed for the purposes described in the [privacy policy](#).

☐ Accept

SUBMIT



Join our mailing list

SUBMIT

Join our mailing list

Receive Information



CONTENT: Required Fields

Clearly identify required fields.



×

Profile Information

Full Name

Username

Password

Company Name

Address

Mobile Phone

Work Phone

By submitting data to us you give your consent that data you submit may be processed for the purposes described in the [privacy policy](#).

☐ Accept

Create My Profile

×

Profile Information

Full Name*

Username*

Password*

Company Name

Address

Mobile Phone

Work Phone

By submitting data to us you give your consent that data you submit may be processed for the purposes described in the [privacy policy](#).

☐ Accept

Create My Profile

×

Profile Information

Full Name

Username

Password

Company Name

Address

Mobile Phone

Work Phone

By submitting data to us you give your consent that data you submit may be processed for the purposes described in the [privacy policy](#).

☐ Accept

Create My Profile



Attendee Information

Please enter the information for the attendee below. (required fields are in **bold**)

First Name:

Last Name:

Company:

Title:

Address:

Suite:

City:

State:

Zip:

Country:

Email:

Phone:

Has this person attended one of our previous events?



LAYOUT: Label Placement

Place labels above and left aligned.



Complaint

Categories: * Lost and Found

Where did this happen? * - Select -

Date: Month Day Year

Approximate Time: Hour : 00

Driver Name (if known):

Car:

Destination:

Please provide a description of your inquiry/comment. *

* Please do not use special characters like [, (, {, #, & or @.

Passenger Information

First Name: *

Last Name: *

Email: *

Phone:

Submit

Complaint

Categories: * Lost and Found

Where did this happen? * - Select -

Date: Month Day Year

Approximate Time: Hour : 00

Driver Name (if known):

Car:

Destination:

Please provide a description of your inquiry/comment. *

* Please do not use special characters like [, (, {, #, & or @.

Passenger Information

First Name: *

Last Name: *

Email: *

Phone:

Submit



Complaint

Categories: *

Lost and Found

Where did this happen? *

- Select -

Driver Name (if known):

Car:

Destination:

Please provide a description of your complaint *

Passenger Information

First Name: *

Last Name: *

Email: *

Phone:

Submit

Complaint

Categories: *

Lost and Found

Where did this happen? *

- Select -

Driver Name (if known):

Car:

Destination:

Please provide a description of your complaint *

Passenger Information

First Name: *

Last Name: *

Email: *

Phone:

Submit



LAYOUT: Single Column

Never use multiple columns for a form.



Attendee Information

First Name:	Last Name:	
<input type="text"/>	<input type="text"/>	
Company:	<input type="text"/>	
Title:	<input type="text"/>	
Address:	Suite:	<input type="text"/>
City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	<input type="text" value="United States"/>	
Email:	<input type="text"/>	
Phone:	<input type="text"/>	
Has this person attended one of our previous events?		
<input type="text" value="Please select"/>		

Attendee Information

First Name:	Last Name:	
<input type="text"/>	<input type="text"/>	
Company:	<input type="text"/>	
Title:	<input type="text"/>	
Address:	Suite:	
<input type="text"/>	<input type="text"/>	
City:	State:	Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:	<input type="text" value="United States"/>	
Email:	<input type="text"/>	
Phone:	<input type="text"/>	
Has this person attended one of our previous events?		
<input type="text" value="Please select"/>		



Attendee Information

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip:

Country:

Email:

Phone:

Has this person attended one of our previous events?

Attendee Information

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip:

Country:

Email:

Phone:

Has this person attended one of our previous events?



Attendee Information

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip:

Country:

Email:

Phone:

Attendee Information

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip:

Country:

Email:

Phone:

Has this person attended one of our previous events?

Google Search x

Secure | <https://www.google.com/search?q=time&oq=time&aqs=chrome..69i57j0j69i61j69i60l2j35i39.597j0j7...>

Attendee Information

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip:

Country:



Attendee Information

First Name:

Last Name:

Company:

Title:

Address:

City:

State:

Zip:

Country:

Email:

Phone:

Has this person attended one of our previous events?



Attendee Information

First Name:

Last Name:

Company:

Title:

Address:

Suite:

City:

State:

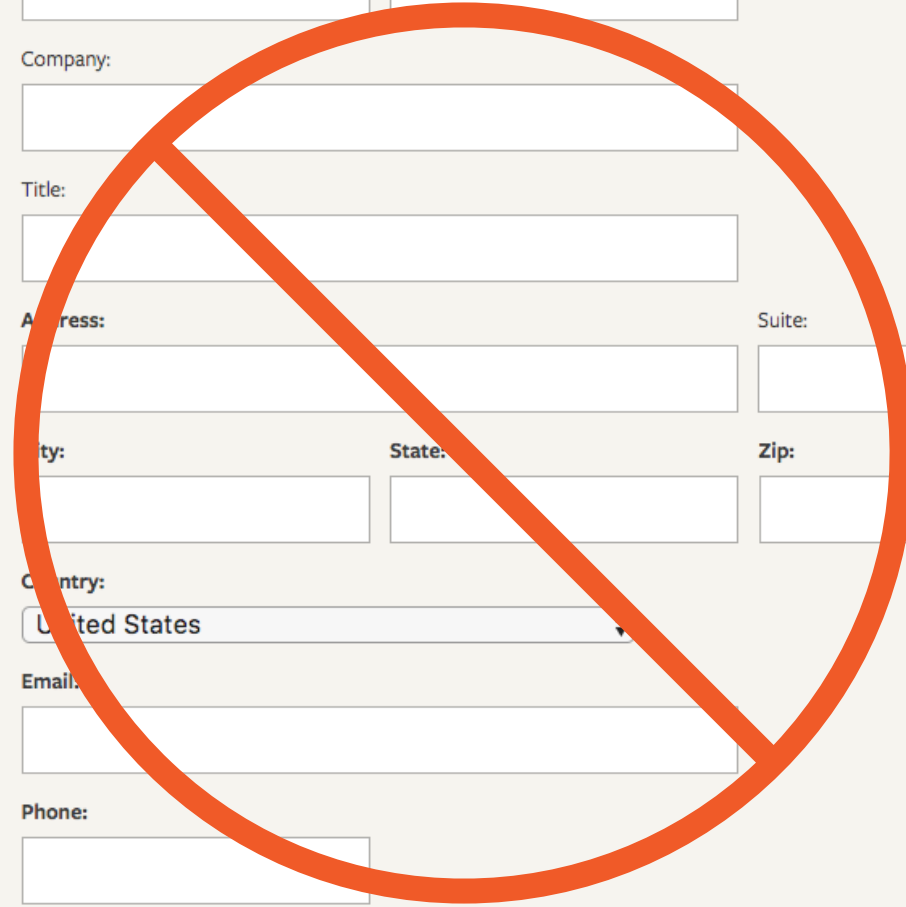
Zip:

Country:

Email:

Phone:

Has this person attended one of our previous events?



LAYOUT: Phone Numbers

Use a single input for a phone number.



LAYOUT: Phone Numbers

U.S. & Canada

xxx-xxx-xxxx
xxxxxxxxxxx
(xxx) xxx xxxx

Belgium

0xx/xx xx xx
0xx/xx.xx.xx

Russia

(AAA) xxx-xx-xx
(AAAA) xx-xx-xx
(AAAAA) x-xx-xx

Mexico

xxxxxxxxxxx
xx xxxx xxxx

Norway

xxx xx xxx
xx xx xx xx

Spain

xx xxx xx xx
xxx xxx xxx
xxx xx xx xx
Xxx xxx xxx



Contact Information

Preferred Phone Number

Area Code

XXX

Number

XXX-XXX

Contact Information

Preferred Phone Number



LAYOUT: Multiple Steps

Use multiple step forms for longer processes.



Register:

Name:

Paul

Cheney

Next



Register:

Contact Info:

zenuser@gmail.com

123-555-134

Previous

Next



Register:

Birthday:

01

01

2016

Previous

Next



Register:

Login Info:

person01

.....|

Previous

Submit



amazon.com



SIGN IN



SHIPPING & PAYMENT



GIFT OPTIONS



PLACE ORDER



State University | Admissions

[Log In](#) [Create Account](#) [Start Application](#) [Events](#)

Create An Account

Account Creation

Email Address (unique for each student) *

Confirm Email Address *

Setup Password

Password *

Confirm Password *

Password Question *

If you forget your password, we will ask you this question in order to reset it.

Password Answer *

If you forget your password, you must provide this answer in order to reset it.

Password Requirements

- Must be 8 to 16 characters in length.
- Start with an alpha character (a-z or A-Z)
- Use at least 3 non-alpha characters (numbers or symbols).

Legal Name

Legal First Name *

Legal Middle Name

Legal Last Name *

Mailing Address

☐ Check here if your address is outside of U.S. or Canada

Street Line 1 *

City *

State/Province * ZIP/Postal Code *

Contact Information

State University may need to contact you via phone. Please provide the best number to reach you.

Preferred Phone Number Phone Type

Demographic Information

The information you provide in this section will not be used in a discriminatory manner.

Gender *

Birth Date (mm/dd/yyyy) *

Citizenship Status *

I plan to start: *

I plan to enter as a: *

General Academic Area of Interest: *

Where do you plan to study? *

Create Account

Create Account

Email
Challenge
Password

Personal Information

Full Name
Address
Phone

Demographics

Gender
Birthday
Start Date
Academic Interest

State University | Admissions

[Log In](#) [Create Account](#) [Start Application](#) [Events](#)

Create An Account

Account Creation

Email Address (unique for each student) *

Confirm Email Address *

Setup Password

Password *

Confirm Password *

Password Question *

If you forget your password, we will ask you this question in order to reset it.

Password Answer *

If you forget your password, you must provide this answer in order to reset it.

Password Requirements

- Must be 8 to 16 characters in length.
- Start with an alpha character (a-z or A-Z).
- Use at least 3 non-alpha characters (e.g., 1234567890, !@#\$%^&*(), -+~`|;:,./<>[]{}'").
- Numbers cannot be repeated more than 3 times in a row (e.g., 111222 (456) (001 - 009)).

Legal Name

Legal First Name *

Legal Middle Name

Legal Last Name *

Billing Address

Check here if your address is outside of U.S. or Canada

Street Line 1 *

State/Province *

ZIP/Postal Code *

Contact Information

State University may reach out to you via phone. Please provide the best number to reach you.

Preferred Phone Number

Phone Type

Demographic Information

The information you provide in this section will not be used in a discriminatory manner.

Gender *

Birth Date (mm/dd/yyyy) *

Citizenship Status *

I plan to start: *

I plan to enter as a: *

General Academic Area of Interest: *

Where do you plan to study? *

Create Account

State University | Admissions

Create An Account

Email

Email Address (unique for each student) *

Password *

Confirm Password *

Challenge

Password Question *

If you forget your password, we will ask you this question in order to reset it.

Password Answer *

If you forget your password, you must provide this answer in order to reset it.

NEXT

State University | Admissions

Create An Account

Demographic Information

Gender *

Birth Date (mm/dd/yyyy) *

Citizenship Status *

I plan to start: *

I plan to enter as a: *

General Academic Area of Interest: *

Where do you plan to study? *

PREVIOUS

NEXT

State University | Admissions

Create An Account

Name

Legal First Name *

Legal Middle Name

Legal Last Name *

Address

Street Line 1 *

City *

State/Province *

ZIP/Postal Code *

Phone

Preferred Phone Number

PREVIOUS

NEXT

LAYOUT: Number of Options

**Use radio buttons for less than 5 options.
Use dropdown for more than 5 options.**



Email *

Country *

Phone *

Please indicate if one of these applies to you:

- ☐ Partner
- ☐ Education
- ☐ Government
- ☐ Non-profit
- ☐ Student

Have you attended a past conference? *

- ☐ Yes
- ☐ No

* Required field

Submit

Expires April 30, 2018. May not be combined with any other discounts or offers.

follow



Email *

✓ Country *

- United States
- Canada
- Afghanistan
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia



LAYOUT: One Option

Entry Status:

- ✓ <Select>
- Freshman
- Transfer
- Re-Admit

Gender:

- ✓ <Select>
- Female
- Male

Entry Status: (logical order)

- ☐ Freshman
- ☐ Transfer
- ☐ Return

Gender: (abc order)

- ☐ Female
- ☐ Male



INPUTS: Placeholder

Use placeholder text to reduce confusion.



INPUTS: Placeholder

Giving is Simple

Email

Name

Street

CityZIP Code

United States

Payment Info

Giving is Simple

P

Name

Street

CityZIP Code

United States

Payment Info



INPUTS: Autofill

Design forms to autofill.



INPUTS: Autofill

```
<form action="#" method="get">
<p>Placeholder Only</p>
  <input type="text" placeholder="John Smith">
  <input type="text" placeholder="John" >
  <input type="text" placeholder="Smith" >
  <input type="text" placeholder="you@yourmail.com" >
  <input type="text" placeholder="123 Boulton Way">
  <input type="text" placeholder="Thayne">
  <input type="text" placeholder="AZ">
  <input type="text" placeholder="12345">

  <input type="submit" value="Win My Prize">
</form>
```



INPUTS: Autofill

```
<form action="#" method="get">
<p>Added Names</p>
  <input type="text" name="name">
  <input type="text" name="fname" >
  <input type="text" name="lname" >
  <input type="email" name="email" >
  <input type="text" name="street-address" >
  <input type="text" name="locality" >
  <input type="text" name="region" >
  <input type="text" name="postal-code">

  <input type="submit" value="Win My Prize">
</form>
```



INPUTS: Autofill

```
<form action="#" method="get">
<p>Added Names & Autocomplete</p>
  <input type="text" name="name" autocomplete="name">
  <input type="text" name="fname" autocomplete="given-name">
  <input type="text" name="lname" autocomplete="family-name">
  <input type="email" name="email" autocomplete="email">
  <input type="text" name="street-address" autocomplete="street-address">
  <input type="text" name="locality" autocomplete="locality">
  <input type="text" name="region" autocomplete="region">
  <input type="text" name="postal-code" autocomplete="postal-code">
  <input type="submit" value="Win My Prize">
</form>
```



- A token that is an [ASCII case-insensitive](#) match for one of the following [autofill field](#) names, excluding those that are [inappropriate for the control](#):

- "name"
- "honorific-prefix"
- "given-name"
- "additional-name"
- "family-name"
- "honorific-suffix"
- "nickname"
- "username"
- "new-password"
- "current-password"
- "organization-title"
- "organization"
- "street-address"
- "address-line1"
- "address-line2"
- "address-line3"
- "address-level4"
- "address-level3"
- "address-level2"
- "address-level1"
- "country"
- "country-name"
- "postal-code"
- "cc-name"
- "cc-given-name"
- "cc-additional-name"
- "cc-family-name"
- "cc-number"
- "cc-exp"
- "cc-exp-month"
- "cc-exp-year"
- "cc-csc"
- "cc-type"
- "transaction-currency"
- "transaction-amount"
- "language"
- "bday"
- "bday-day"
- "bday-month"
- "bday-year"
- "sex"
- "url"
- "photo"

HTML 5.2

W3C Recommendation, 14 December 2017



INPUTS: Autofill

```
<form action="#" method="get">
<p>Added Labels & Names (no autocomplete)</p>
  <label>Full Name<input type="text" name="name"></label>
  <label>First Name<input type="text" name="fname" ></label>
  <label>Last Name<input type="text" name="lname" ></label>
  <label>Email<input type="email" name="email" ></label>
  <label>Address 1<input type="text" name="street-address" ></label>
  <label>City<input type="text" name="locality" ></label>
  <label>State<input type="text" name="region" ></label>
  <label>Zip<input type="text" name="postal-code"></label>

  <input type="submit" value="Win My Prize">
</form>
```





Zen User
123 Zen Way
Zenbug, AB 45678
zenuser@gmail.com



When we open this sample page in Chrome there is no autofill option for the placeholder form.

However, when I try the second form it completes all the inputs.

Adding Autocomplete did not help since everything was already working with the input names

Removing Autocomplete and adding labels was also 100% complete.

Now lets try Safari

We again get no autofill option with placeholder text.

In the second form we have an option to choose Zen and after choosing autofill we get all but the city and state

Adding autocomplete does not help the situation any.

However, when we go with the labels we again get a 100% autofill rate on all inputs.



Now lets pull up Firefox.

No autofill response in the first form.

The second form completes all but the city name

The third form is the same with the city still missing

And again we get 100 percent autofill rate with labels.

Now les move to Opera.

No surprise when the first form does nothing.

The second form with the names added to the inputs does not fill the first name or the city.

We get the same result when we add autocomplete.

Unfortunately when we add labels we still have two fields that are not autofilling.

Finally we will try out form on Microsoft Edge.

Here we have a completely different experience. Once I choose Zen User as the profile in the first input, then I have to click each input and I am provided an option to fill that field only. Clearly it is making a match with all three forms but it's a bit of a pain to have to click 16 time to complete the form. Still it better than typing everything by hand.



INPUTS: Autofill

placeholder=""



name=""



name=""

autocomplete=""



<label></label>



<label></label>



INPUTS: Tab Order

Make sure the tab key works.



If you properly design your form in a single column this should be taken care of.



INPUTS: Tab Order

```
<form action="#" method="get">
<p>Tab Index Enforced</p>
  <label>Full Name<input type="text" name="name" tabindex="1"></label>
  <label>First Name<input type="text" name="fname" tabindex="2"></label>
  <label>Last Name<input type="text" name="lname" tabindex="3"></label>
  <label>Email<input type="email" name="email" tabindex="4"></label>
  <label>Address 1<input type="text" name="street-address" tabindex="5"></label>
  <label>City<input type="text" name="locality" tabindex="6"></label>
  <label>State<input type="text" name="region" tabindex="7"></label>
  <label>Zip<input type="text" name="postal-code" tabindex="8"></label>

  <input type="submit" value="Win My Prize">
</form>
```



INPUTS: Ordering

Order choices logically.



Preference:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

Meals:

- ☐ Breakfast
- ☐ Lunch
- ☐ Dinner

Address:

Unit#:

City:

State:

- ✓ <Select>
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

Complaint

* = Required field

Categories: *

- ✓ - Select -
- Broken Locks
- Civil Rights and Liberties
- Lost and Found
- Missing or Damaged Items
- Prohibited Items
- Professionalism/Customer Service
- Screening
- TSA Pre✓®

Submit

Please indicate if one of these applies to you:

- ☐ Adobe partner
- ☐ Education
- ☐ Government
- ☐ Non-profit
- ☐ Student



INPUTS: Label Wrapping

Wrap all inputs in labels.



INPUTS: Label Wrapping

☐ Five Day Pass

☒ Five Day Pass

Last Name*

Last Name*

The image shows a smartphone screen with a registration form. The form includes the following sections and fields:

- Email:** A text input field containing "someone@gmail.com".
- Website:** A text input field containing "http://".
- Conference Pass Details:**
 - Pass Type:** A section with three radio button options: "Five Day Pass" (highlighted with a blue border), "Three Day Pass", and "One Day Pass".
 - Meal Choice:** A section with three checkbox options: "Monday Dinner", "Tuesday Dinner", and "Wednesday Dinner".
- Hotel Information:**
 - Arrival Date:** A text input field with a red placeholder "mm/dd/yyyy".
 - Arrival Time:** A text input field with a red placeholder "--:-- --".
 - Departure Date:** A text input field (partially visible at the bottom).



Last Name:

```
<div id="divContentNameLast">
  <div id="divLblNameLast">
    <label for="dnn_ctr396_Inquiry_txtNameLast" id="dnn_ctr396_Inquiry_lblNameLast">Last Name:</label>
  </div>
  <div id="divInputContentNameLast">
    <div id="divTxtNameLast">
      <input name="dnn$ctr396$Inquiry$txtNameLast" type="text" maxlength="40" id="dnn_ctr396_Inquiry_txtNameLast"
        onblur="return validate(this, 'divErrLblNameLast')" style="width:300px;" />
    </div>
  </div>
</div>
```

Last Name*

```
<label class="top"><div>Last Name*</div><input type="text" name="lname" required></label>
```

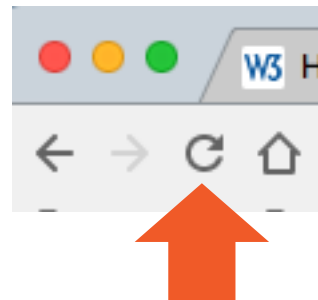


SUBMISSION: Reset

Never add a reset button to your page.



SUBMISSION: Reset



SUBMISSION: Confirm

Show a confirmation page.



CONTACT US

Title

MR

First Name

Zen

Last Name:

User

Cell Phone:

355-123-4567

Email Address:

zenuser@gmail.com

Preferred Contact Method

☒ Phone

☐ Email

Issue

Submit

Thank you for contacting the Firm

Your information has been sent to one of our lawyers.

Summary of web form submission:

Your Name Zen User

Email Address zenuser@gmail.com

Case Number 8177895

Cell Phone Number 355-123-4567

Issue

Preferred Contact Method Phone



ERRORS: Inline

Show any validation errors inline.



Las Vegas Conference

There are some errors in your form.

Email *

An email is required

Country *

Country is required

Phone *

A phone number is required

Have you attended a past conference? *

☐ Yes ☐ No

Please select one

Email

Name

Street

City

ZIP Code

United States

Payment Info



Reserve Your Ride

Full Name*

Jon Smith

Cell Number* (15 digits max)

4325556789

Payment Method*

- ☐ VISA
☐ Master Card
☐ Discover

Credit Card Number*

1478 5236 9874 1584

Vehicle Preference*

Please Select

Process My Rental

Reserve Your Ride

There was a problem with your submission.
Errors have been *highlighted* below.

Full Name*

Jon Smith

Please provide your full name

Cell Number* (15 digits max)

4325556789

Phone number needs to be 10-15 digits

Payment Method*

- ☒ VISA
☐ Master Card
☐ Discover

Credit Card Number*

1478 5236 9874 1584

Card number number needs to be 15 numbers

Vehicle Preference*

Van

Process My Rental



ERRORS: Validation

Don't make the validation too strict.



ERRORS: Validation

385-555-1234

1 385 555 1234

1-385-555-1234

385.555.1234

3855551234



385-555-1234



DESIGN: Confidence

Beautiful design inspires confidence.



Reserve your Seat

Personal Info

Name: Address:

Email:
 Phone:

Considerations if any

Company Info

Company: URL for
website:

Registration Information

Which version of the software would
you like? ☐ Windows

☐ Macintosh What other support will
you need? ☐ Video Projector

☐ Ethernet Cable

☐ Second Monitor

☐ Lapel Microphone Preferred Date:

Credit Card Type:

Sign me up!

Reserve your Seat

Personal Info

Name:

Address:

Email:

Phone:

Dietary Considerations if any

Company Info

Company:

URL for website:

Registration Information

Which version of the software would you like?

☐ Windows

☐ Macintosh

What other support will you need?

☐ Video Projector

☐ Ethernet Cable

☐ Second Monitor

☐ Lapel Microphone

Preferred Date:

Credit Card Type:

Sign me up!



DESIGN: Contrast

Use high contrast for sunny days.



3. PAYMENT INFO



Secure Payment Info



Name (as it appears on your card)

Card number (no dashes or spaces)

Expiration date

01 - January



2014



Security code

3. PAYMENT INFO



Secure Payment Info



Name (as it appears on your card)

Card number (no dashes or spaces)

Expiration date

01 - January



2014



Security code



DESIGN: Input Height

Minimum height of 44px.



Title	<input type="text" value="Mr"/>
First name	<input type="text" value="Graham"/>
Last name	<input type="text" value="Charlton"/>
Phone number	<input type="text" value="02072691450"/>
Confirm phone number	<input type="text" value="0207691540"/>
Alternative phone number	<input type="text"/>
Email address	<input type="text"/>

18px tall

Enter your billing details

Credit card number

Expiration (MM/YY) **CVV** (?)

/

Country **State**

Postal Code

35px tall

19px tall

Sign Up

First Name

Last Name

Email

Twitter Handle (optional)

[Proceed to Checkout →](#)

50px tall



DESIGN: Text Size

Input text size should be at least 16px.



Secure Checkout

[SIGN IN](#)

13px

Your details:

Your details:

11px

[Schedule](#)[Pricing](#)[Location](#)

Looking for a professional edge?

Our carefully curated monthly newsletter brings you tips, links, and articles on critical web design and development topics!

Your email address *(required)*

Your job title



DESIGN: Grouping

Group related information.





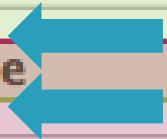
User Credentials:

First Name:

Last Name:



User Name



Password:

Confirm Password:



User Credentials:

First Name:

Last Name:

User Name

Password:

Confirm Password:



DESIGN: Chunking

Chunk large forms using fieldsets.



Register for iConference

Personal Information

First Name*

Last Name*

Phone*

123-555-1234

Email

someone@gmail.com

Website

http://

Conference Pass Details

Pass Type

☐ Five Day Pass

☐ Three Day Pass

☐ One Day Pass

Meal Choice

☐ Monday Dinner

☐ Tuesday Dinner

☐ Wednesday Dinner

Hotel Information

Arrival Date

mm / dd / yyyy

Arrival Time

-- : --

Departure Date

mm / dd / yyyy

Room Preference

Please Select

Number of Guests

Payment

Name on Card*

Card Number*

Expiry*

MM-YYYY

Security Code*

Reserve my Seat

Personal Information

First Name*

Last Name*

Phone*

123-555-1234

Email

someone@gmail.com

Website

http://

Register for iConference

Personal Information

First Name*

Last Name*

Phone*

123-555-1234

Email

someone@gmail.com

Website

http://

Conference Pass Details

Pass Type

☐ Five Day Pass

☐ Three Day Pass

☐ One Day Pass

Meal Choice

☐ Monday Dinner

☐ Tuesday Dinner

☐ Wednesday Dinner

Hotel Information

Arrival Date

mm / dd / yyyy

Arrival Time

-- : --

Departure Date

mm / dd / yyyy

Room Preference

Please Select

Number of Guests

Payment

Name on Card*

Card Number*

Expiry*

MM-YYYY

Security Code*

Reserve my Seat



Summary



Labeling

Content

Layout

Inputs

Submission

Errors

Design





Introduction

Web Form Best Practices

Simple Login Form

Long Web Form

JavaScript Validated Form

