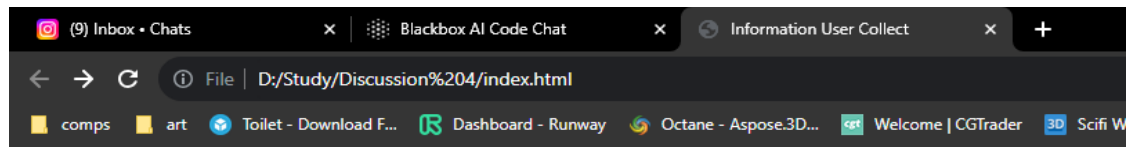


Name/Hussein Ismael Ibrahim

Discussion 3

# Q1/



## User Information Collect

☒ Mr. ☐ Mrs. ☐ Ms.

First Name:

Last Name:

Mail Address1:

Mail Address2:

City:

State:

Zip:

Upload File:  No file chosen

E-mail:

Phone:

Languages:  
☒ English  
☐ Arabic  
☐ Spanish

Discription:

```
<!DOCTYPE html>
<html>
<head>
  <title>Information User Collect</title>
</head>
<body>

<h2>User Information Collect</h2>

<form action="/submit_form" method="post">
  <input type="radio" id="title" name="title" value="Mr.">
```

```
<label for="title">Mr.</label>
<input type="radio" id="title" name="title" value="Mrs.">
<label for="title">Mrs.</label>
<input type="radio" id="title" name="title" value="Ms.">
<label for="title">Ms.</label><br>
<label for="fname">First Name:</label><br>
<input type="text" id="fname" name="fname"><br>
<label for="lname">Last Name:</label><br>
<input type="text" id="lname" name="lname"><br>
<label for="text">Mail Address1:</label><br>
<input type="text" id="mailAddress1" name="mailAddress1"><br>
<label for="text">Mail Address2:</label><br>
<input type="text" id="mailAddress2" name="mailAddress2"><br>
<label for="text">City:</label><br>
<input type="text" id="City" name="City"><br>
<label for="State_list">State:</label><br>
<input list="State_list" name="State">
<datalist id="State_list" >
  <option value="Al-Anbar">
  <option value="Babil">
  <option value="Baghdad"></option>
  <option value="Basra">
  <option value="Dhi Qar">
  <option value="Al-Qādisiyyah">
  <option value="Diyala">
  <option value="Duhok (Dahūk) a.k.a. Dihok">
  <option value="Erbil (Arbil) a.k.a. Hewlêr">
  <option value="Karbala">
  <option value="Kirkuk">
    <option value="Maysan">
    <option value="Muthanna">
    <option value="Najaf">
    <option value="Ninawa">
    <option value="Kirkuk">
      <option value="Salah Al-Din">
      <option value="Sulaymaniyah a.k.a. Silêmanî">
      <option value="Wasit">

</datalist>
<br>
<label for="Zip">Zip:</label><br>
<input type="text" id="Zip" name="Zip">
<br>
<br>
<label for="file">Upload File:</label>
```

```

<input type="file" id="myFile" name="filename">
<br>
<br>
<label for="email">E-mail:</label><br>
<input type="email" id="E_mail" name="E_mail"><br>
<label for="phone">Phone:</label><br>
<input type="tel" id="phone" name="phone"><br>
<label for="Lung">Languages:</label><br>
<input type="checkbox" id="Lung" name="Lung">English<br>
<input type="checkbox" id="Lung" name="Lung">Arabic<br>
<input type="checkbox" id="Lung" name="Lung">Spanish<br>
<label for="Discription">Discription:</label><br>
<input type="text" id="Discription" name="Discription">
<br><br>
<input type="submit" value="Submit">
<input type="reset" value="Reset">
</form>

</body>
</html>

```

# Q2/

Registration Form

D:/Study/Discussion%204/index2.html

comps art Toilet - Download F... Dashboard - Runway Octane - Aspose.3D... Welcome | CGTrader 3D Scifi V

## Registration Form

First Name:

Last Name:

Email:

Password:

Gender:

☐ Male
 ☐ Female

How did you hear about us:

Friend

Add to our Mailing site ☐

Register Now

```
<!DOCTYPE html>
<html>
<head>
  <title>Registration Form</title>
</head>
<body>
  <h2>Registration Form</h2>
  <form action="/submit_form" method="post">
    <label for="fname">First Name:</label><br>
    <input type="text" id="fname" name="fname"><br>

    <label for="lname">Last Name:</label><br>
    <input type="text" id="lname" name="lname"><br>

    <label for="email">Email:</label><br>
    <input type="email" id="email" name="email"><br>

    <label for="password">Password:</label><br>
    <input type="password" id="password" name="password"><br>

    <label for="Gender">Gender:</label><br>
    <input type="radio" id="male" name="male" value="male">
    <label for="male">Male</label><br>
    <input type="radio" id="female" name="female" value="female">
    <label for="female">Female</label><br>

    <label for="database">How did you hear about us:</label><br>
    <select id="database" name="database">
      <option value="Friend">Friend</option>
      <option value="Instagram">Instagram</option>
      <option value="Adds">Adds</option>
      <option value="SmS">SmS</option>
    </select><br>

    <br>
    <label for="Mailing_site">Add to our Mailing site</label>
    <input type="checkbox" id="Mailing_site" name="Mailing_site"
value="Mailing_site">
    <br>
    <br>
    <input type="submit" value="Register Now">
  </form>
</body>
</html>
```

