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<!DOCTYPE html>
<html lang="en">
<head>
  <meta charset="UTF-8">
  <meta name="viewport" content="width=device-width,
initial-scale=1.0">
  <title>TechVolution 2024 Registration</title>
  <!-- Bootstrap CSS -->
  <link rel="stylesheet"
href="https://stackpath.bootstrapcdn.com/bootstrap/4.5
.2/css/bootstrap.min.css">
  <!-- Custom CSS -->
  <style>
    body {
      background-image:
url('https://img.freepik.com/free-vector/realistic-
neon-lights-background_23-
2148907367.jpg?w=996&t=st=1715750354~exp=1715750954~hm
ac=2e003520a0b39450db74142c5eeac4ee562ea1ffbc2c059a771
8f1b1817809d1 width:440px; height:345px;');
      background-repeat: no-repeat;
      background-size: cover;
    }
    .container {
      background-color:burlywood;
      border-radius: 10px;
      box-shadow: 0px 0px 10px rgba(0, 0, 0, 0.1);
      padding: 40px;
      margin-top: 50px;
    }

    h2 {
      color:blueviolet;
      text-align: center;
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    }

    label {
        font-weight: bold;
    }

    .btn-primary {
        background-color: #007bff;
        border-color: #007bff;
    }

    .btn-primary:hover {
        background-color: #0056b3;
        border-color: #0056b3;
    }
    /* Add custom styles here */
</style>
</head>
<body>
    <div class="container">
        <h2 class="mt-4 mb-3">TechVolution 2024
Registration</h2>
        <form id="registrationForm">
            <!-- Personal Information -->
            <div class="form-group">
                <label for="name">Name:</label>
                <input type="text" class="form-control"
id="name" required>
            </div>
            <div class="form-group">
                <label for="dob">Date of Birth:</label>
                <input type="date" class="form-control"
id="dob" required>
            </div>

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<div class="form-group">
  <label>Gender:</label><br>
  <div class="form-check form-check-inline">
    <input class="form-check-input" type="radio"
name="gender" id="male" value="male" required>
    <label class="form-check-label"
for="male">Male</label>
  </div>
  <div class="form-check form-check-inline">
    <input class="form-check-input" type="radio"
name="gender" id="female" value="female">
    <label class="form-check-label"
for="female">Female</label>
  </div>
  <div class="form-check form-check-inline">
    <input class="form-check-input" type="radio"
name="gender" id="nonBinary" value="nonBinary">
    <label class="form-check-label"
for="nonBinary">Non-binary</label>
  </div>
</div>
<!-- Contact Details -->
<div class="form-group">
  <label for="email">Email Address:</label>
  <input type="email" class="form-control"
id="email" required>
</div>
<div class="form-group">
  <label for="phone">Phone Number:</label>
  <input type="tel" class="form-control"
id="phone" required>
</div>
<div class="form-group">
  <label for="address">Address:</label>
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        <input type="text" class="form-control"
id="address" required>
    </div>
    <div class="form-row">
        <div class="form-group col-md-6">
            <label for="city">City:</label>
            <input type="text" class="form-control"
id="city" required>
        </div>
        <div class="form-group col-md-4">
            <label for="state">State:</label>
            <select id="state" class="form-control"
required>
                <option selected
disabled>Select...</option>
                <!-- Add state options here -->
            </select>
        </div>
        <div class="form-group col-md-2">
            <label for="zip">Zip Code:</label>
            <input type="text" class="form-control"
id="zip" required>
        </div>
    </div>
    <!-- Additional Information -->
    <div class="form-group">
        <label for="eventPreferences">Event
Preferences:</label>
        <input type="text" class="form-control"
id="eventPreferences">
    </div>
    <div class="form-group">
        <label for="dietaryRestrictions">Dietary
Restrictions:</label>
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        <textarea class="form-control"
id="dietaryRestrictions" rows="3"></textarea>
    </div>
    <div class="form-group">
        <label for="tshirtSize">T-shirt Size:</label>
        <select id="tshirtSize" class="form-control">
            <option selected disabled>Select...</option>
            <option value="XS">XS</option>
            <option value="S">S</option>
            <option value="M">M</option>
            <option value="L">L</option>
            <option value="XL">XL</option>
            <option value="XXL">XXL</option>
        </select>
    </div>
    <!-- Submit Button -->
    <button type="submit" class="btn btn-
primary">Submit</button>
</form>
</div>

<!-- Bootstrap JS and jQuery -->
<script src="https://code.jquery.com/jquery-
3.5.1.slim.min.js"></script>
<script
src="https://cdn.jsdelivr.net/npm/@popperjs/core@2.9.1
/dist/umd/popper.min.js"></script>
<script
src="https://stackpath.bootstrapcdn.com/bootstrap/4.5.
2/js/bootstrap.min.js"></script>

<!-- Custom JavaScript -->
<script>

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    // Add custom JavaScript for form validation and
    submission here
    document.getElementById("registrationForm").addEvent
ntListener("submit", function(event) {
    event.preventDefault();
    // Validate form data here
    // Submit form data using AJAX or fetch API
    // Display success message
    alert("Form submitted successfully!");
});
</script>
</body>
</html>
```