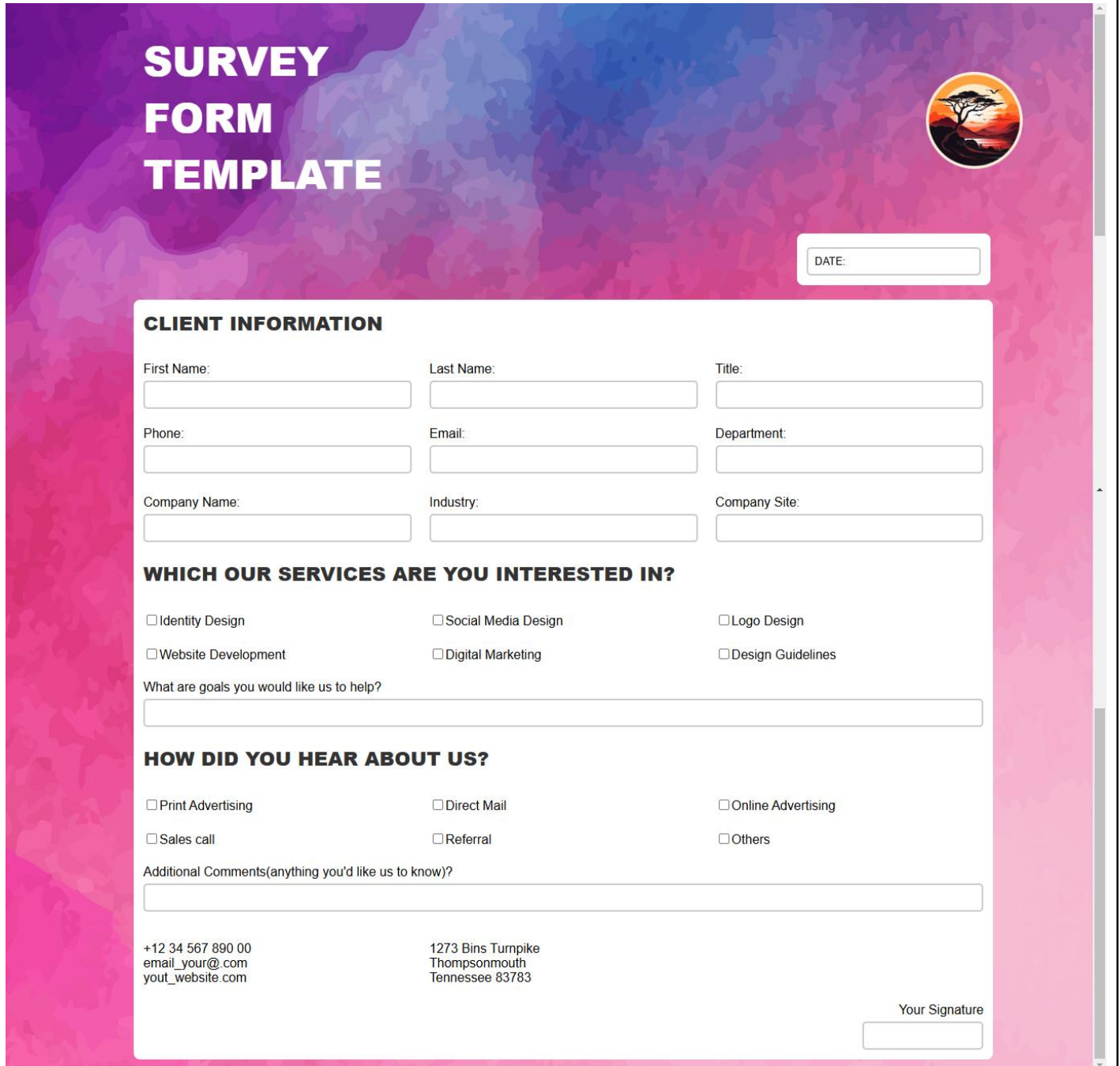


SURVEY FORM TASK

SCREENSHOTS:



The screenshot shows a web browser displaying a survey form titled "SURVEY FORM TEMPLATE". The background is a vibrant purple and pink abstract pattern. In the top right corner, there is a circular logo featuring a silhouette of a tree against a sunset. Below the title, there is a "DATE:" input field. The main content area is a white box with a black border, containing the following sections:

- CLIENT INFORMATION**
 - First Name:
 - Last Name:
 - Title:
 - Phone:
 - Email:
 - Department:
 - Company Name:
 - Industry:
 - Company Site:
- WHICH OUR SERVICES ARE YOU INTERESTED IN?**
 - ☐ Identity Design
 - ☐ Social Media Design
 - ☐ Logo Design
 - ☐ Website Development
 - ☐ Digital Marketing
 - ☐ Design Guidelines
- What are goals you would like us to help?
- HOW DID YOU HEAR ABOUT US?**
 - ☐ Print Advertising
 - ☐ Direct Mail
 - ☐ Online Advertising
 - ☐ Sales call
 - ☐ Referral
 - ☐ Others
- Additional Comments(anything you'd like us to know)?
- Contact Information:
 - +12 34 567 890 00
 - email_your@.com
 - yout_website.com
 - 1273 Bins Turnpike
 - Thompsonmouth
 - Tennessee 83783
- Your Signature

CODE FOR THE ABOVE SURVEY USING HTML:

```
<html>
<head>
  <meta name="viewport" content="width=device-width, initial-scale=1.0">
  <title>SURVEY</title>
```

```
<style>
  h1 {
    font-size: 50px;
  }
  table {
    width: 80%;
  }
  h1, h2 {
    font-family: 'Arial Black', sans-serif;
    color: #333;
    margin-bottom: 10px;
  }
  td {
    padding: 10px;
  }
  input[type="text"], input[type="email"] {
    width: 100%;
    padding: 8px;
    margin-top: 5px;
    border-radius: 5px;
    border: 2px solid #ccc;
  }
  body {
    font-family: Arial, sans-serif;
    background-color: #e3f1f1;
  }
</style>
</head>

<body background="C:\MERN STACK\TECHNICAL SESSION\HTML\58928.jpg">
  <br>
  <table>
    <tr>
      <td>
        <h1
          style="margin-left:400px;
          margin-right:122px;
color:white">SURVEY FORM TEMPLATE</h1>
      </td>
      <td>
```

```
        
```

```
    </td>
```

```
</tr>
```

```
</table>
```

```
<br>
```

```
<div class="form">
```

```
    <form>
```

```
        <table style="margin-left:1223px; margin-right:2px; background-color:white; border-radius:8px; width:240px;">
```

```
            <tr>
```

```
                <td><input type="text" name="date" value="DATE:"></td>
```

```
            </tr>
```

```
        </table>
```

```
<br>
```

```
    <table style="margin-left:400px; margin-right:150px; background-color:white; border-radius:8px;">
```

```
        <tr>
```

```
            <td colspan="3"><h2>CLIENT INFORMATION</h2></td>
```

```
        </tr>
```

```
        <tr>
```

```
            <td>First Name:<br><input type="text" name="firstname"></td>
```

```
            <td>Last Name:<br><input type="text" name="lastname"></td>
```

```
            <td>Title:<br><input type="text" name="title"></td>
```

```
        </tr>
```

```
        <tr>
```

```
            <td>Phone:<br><input type="text" name="phone"></td>
```

```
            <td>Email:<br><input type="email" name="email"></td>
```

```
            <td>Department:<br><input type="text" name="department"></td>
```

```
        </tr>
```

```
        <tr>
```

```
            <td>Company Name:<br><input type="text" name="company"></td>
```

```
            <td>Industry:<br><input type="text" name="industry"></td>
```

```

        <td>Company Site:<br><input type="text" name="site"></td>
    </tr>
    <tr>
        <td colspan="3"><h2>WHICH OF OUR SERVICES ARE YOU
INTERESTED IN?</h2></td>
    </tr>
    <tr>
        <td><input type="checkbox" name="services"> Identity Design</td>
        <td><input type="checkbox" name="services"> Social Media
Design</td>
        <td><input type="checkbox" name="services"> Logo Design</td>
    </tr>
    <tr>
        <td><input type="checkbox" name="services"> Website
Development</td>
        <td><input type="checkbox" name="services"> Digital
Marketing</td>
        <td><input type="checkbox" name="services"> Design
Guidelines</td>
    </tr>
    <tr>
        <td colspan="3">What goals would you like us to help
with?<br><input type="text" name="goals"></td>
    </tr>
    <tr>
        <td colspan="3"><h2>HOW DID YOU HEAR ABOUT US?</h2></td>
    </tr>
    <tr>
        <td><input type="checkbox" name="about"> Print Advertising</td>
        <td><input type="checkbox" name="about"> Direct Mail</td>
        <td><input type="checkbox" name="about"> Online
Advertising</td>
    </tr>
    <tr>
        <td><input type="checkbox" name="about"> Sales Call</td>
        <td><input type="checkbox" name="about"> Referral</td>
        <td><input type="checkbox" name="about"> Others</td>
    </tr>
    <tr>

```

```

        <td colspan="3">Additional Comments (anything you'd like us to
know)?<br><input type="text" name="comments"></td>
    </tr>
    <tr>
        <td>+12                34                567                890
00<br>email_your@.com<br>your_website.com</td>
        <td>1273    Bins    Turnpike<br>Thompsonmouth<br>Tennessee
83783</td>
    </tr>
    <tr>
        <td colspan="3" style="text-align:right">Your Signature<br><input
type="text" name="sign" style="width:150px;"></td>
    </tr>
</table>
</form>
</div>
</body>
</html>

```