





@alvarosaburido1














































































































































































































































































































































































































































































































































































































































































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<form action="/signup" method="post">
  <div class="form-control">
    <label for="name">First Name</label>
    <input type="text" name="first-name" id="first-name">
  </div>
  ...
  <div class="form-control">
    <label for="country">Country</label>
    <select name="country" id="country">
      <option value="germany">Germany</option>
      <option value="spain">Spain</option>
      <option value="australia">Australia</option>
      <option value="france">France</option>
    </select>
  </div>
  ...
  <div class="form-control">
    <label>
      <input type="checkbox" name="terms" id="terms">
      I agree with <a href="/terms">terms and conditions</a>
    </label>
  </div>
  <button type="submit">Sing up</button>
</form>
```





	Personal Information
First Name:	<input type="text" value="John"/>
Last Name:	<input type="text" value="Doe"/>
Email:	<input type="text" value="john.doe@gmail.com"/>
Re-type Email:	<input type="text" value="john.doe@gmail.com"/>
Password:	<input type="password" value="*****"/>
Re-type Password:	<input type="password" value="*****"/>
Address:	<input type="text" value="Olympus Mons, 226.2°E"/>
City:	<input type="text" value="Memnonia"/>
State:	<input type="text" value="Choose a state"/>
Zip Code:	<input type="text" value="999991"/>
Phone:	<input type="text" value="Memnonia"/>
Date of Birth:	<input type="text" value="Dec"/> <input type="text" value="9"/> <input type="text" value="1988"/>
Gender:	<input type="text" value="Male"/>
Security Question:	<input type="text" value="Choose a security question"/>
Security Answer:	<input type="text" value="Memnonia"/>

	Account Information
Email:	<input type="text" value="john.doe@gmail.com"/>
Re-type Email:	<input type="text" value="john.doe@gmail.com"/>
Password:	<input type="password" value="*****"/>
Re-type Password:	<input type="password" value="*****"/>
Security Question:	<input type="text" value="Choose a security question"/>
Security Answer:	<input type="text" value="Memnonia"/>

	Contact Information
Address:	<input type="text" value="Olympus Mons, 226.2°E"/>
City:	<input type="text" value="Memnonia"/>
State:	<input type="text" value="Choose a state"/>
Zip Code:	<input type="text" value="999991"/>
Phone:	<input type="text" value="Memnonia"/>