## WebTechLab_sem4\exp5\exp5a.html

```html
<!DOCTYPE html>
<html lang="en">
<head>
    <meta charset="UTF-8">
    <meta http-equiv="X-UA-Compatible" content="IE=edge">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <title>Practical_5A</title>
</head>
<style>
    textarea {
        overflow-y: scroll;
        overflow-x: scroll;
        height: 100px;
    }
</style>
<body>
    <h3>Question 1</h3>
    <form class = "ques_1" action="out.html">
        <label for="name">Name:</label>
        <input type="text" id="name" name="name" value="Type your name here."><br><br>
        <label for="address">Address:</label>
        <input type="text" id="address" name="address" value="Type your address here."><br>
<br>
        <input type="submit" value="Submit Query">
    </form>
    <br><br>
    <h3>Question 2</h3>
    <form class = "ques_2" action="out.html">
        <table>
            <tr>
                <td><label for="name">Name:</label></td>
                <td><input type="text" id="name" name="name"></td>
            </tr>
            <tr>
                <td><label for="address">Address:</label></td>
                <td><input type="text" id="address" name="address"></td>
            </tr>
            <tr>
                <td><label for="city">City:</label></td>
                <td><input type="text" id="city" name="city"></td>
            </tr>
            <tr>
                <td><label for="state">State:</label></td>
                <td><input type="text" id="state" name="state"></td>
            </tr>
            <tr>
                <td><label for="zip">Zip:</label></td>
                <td><input type="number" id="zip" name="zip"></td>
            </tr>
        </table><br>
        <input type="submit" value="Send Your Order">
    </form>
    <br><br>
    <h3>Question 3</h3>
    <form class = "ques_3" action="out.html">
        <table
```

```html
        <tr>
            <td><label for="name">Name:</label></td>
            <td><input type="text" id="name" name="name"></td>
        </tr>
        <tr>
            <td><label for="address">Address:</label></td>
            <td><input type="text" id="address" name="address"></td>
        </tr>
        <tr>
            <td><label for="city">City:</label></td>
            <td><input type="text" id="city" name="city"></td>
        </tr>
        <tr>
            <td><label for="state">State:</label></td>
            <td><input type="text" id="state" name="state"></td>
        </tr>
        <tr>
            <td><label for="zip">Zip:</label></td>
            <td><input type="number" id="zip" name="zip"></td>
        </tr>
        <tr>
            <td><label for="magazine">Magazine:</label></td>
            <td>
                <select name="magazine" id="magazine">
                    <option value="none" selected disabled hidden>Select a
    Magazine</option>
                    <option value="1">Aviation Week and Space Technology</option>
                    <option value="2">Forbes</option>
                    <option value="3">Barron's</option>
                    <option value="4">Kiplinger's Personal Finance</option>
                </select>
            </td>
        </tr>
        <tr>
            <td>Subscription:</td>
            <td>
                <label for="1_yr">1 Year:</label>
                <input type="radio" id="1" name="sub_1">
                <label for="2_yr">2 Year:</label>
                <input type="radio" id="2" name="sub_2">
            </td>
        </tr>
    </table><br>
    <input type="submit" value="Send Your Order">
</form>
<br><br>
<h3>Question 4</h3>
<form class = "ques_4" action="out.html">
    <table>
        <tr>
            <td><label for="name">Name:</label></td>
            <td><input type="text" id="name" name="name"></td>
        </tr>
        <tr>
            <td><label for="address">Address:</label></td>
            <td><input type="text" id="address" name="address"></td>
        </tr>
        <tr>
            <td><label for="city">City:</label></td>
            <td><input type="text" id="city" name="city"></td>
```

```html
                </tr>
                <tr>
                    <td><label for="state">State:</label></td>
                    <td><input type="text" id="state" name="state"></td>
                </tr>
                <tr>
                    <td><label for="zip">Zip:</label></td>
                    <td><input type="number" id="zip" name="zip"></td>
                </tr>
                <tr>
                    <td><label for="magazine">Magazine:</label></td>
                    <td>
                        <select name="magazine" id="magazine">
                            <option value="none" selected disabled hidden>Select a
   Magazine</option>
                            <option value="1">Aviation Week and Space Technology</option>
                            <option value="2">Forbes</option>
                            <option value="3">Barron's</option>
                            <option value="4">Kiplinger's Personal Finance</option>
                        </select>
                    </td>
                </tr>
                <tr>
                    <td>Subscription:</td>
                    <td>
                        <label for="1_yr">1 Year:</label>
                        <input type="radio" id="1" name="sub_1">
                        <label for="2_yr">2 Year:</label>
                        <input type="radio" id="2" name="sub_2">
                    </td>
                </tr>
                <tr>
                    <td><label for="comment">Additional Comments:</label></td>
                </tr>
            </table>
            <textarea id="comment" name="comment" rows="4" cols="35" placeholder="Write here...">
</textarea>
            <br><br>
            <input type="submit" value="Send Your Order">
        </form>
    </body>
</html>
```