<form role="form">

<div class="form-group">

<label for="exampleInputName">姓名</label>

<input type="姓名" class="form-control" id="exampleInputName" placeholder="输入姓名">

</div>

<div class="form-group">

<label for="exampleInputPassword1">联络电话</label>

<input type="电话" class="form-control" id="exampleInputPhone" placeholder="输入电话">

</div>

<div class="form-group">

<label for="exampleInputEmail">联络信箱</label>

<input type="email" class="form-control" id="exampleInputEmail1" placeholder="输入电子邮件">

</div>

<button type="submit" class="btn btn-danger btn-lg btn-block">提交</button>

</form>