Alex Humphries

5/30/20

CIS & 215

Murach Forms Assignment (Individual)

Order Form

Member Information

E-Mail: [_____]

First Name: [_____]

Last Name: [_____]

Address: [_____]

City: [_____]

State: [2-character code]

ZIP Code: [5 or 9 digits]

Phone Number: [999-999-9999]

Ordering Information

Order Type: [Member Package ▾]

Number of Tickets [Number of single tickets]

Payment Method

○ Bill Me   ○ Credit Card

Credit Card Information

Card Type [Visa ▾]

Card Number [16 digits]

Expiration date: [January ▾] [2017 ▾]

Submit Your Order

[Submit]   [Reset Fields]

```css
48   /* the styles for the form */
49 ▼ fieldset {
50       margin-bottom: .5em;
51       padding-top: .5em;
52       padding-bottom:.5em;
53       padding-right: 1em;
54       padding-left: 1em;
55   }
56 ▼ legend {
57       color: black;
58       font-weight: bold;
59       font-size: 85%;
60       margin-bottom: .5em;
61   }
62 ▼ label {
63       float: left;
64       width: 12em;
65       text-align: right;
66   }
67 ▼ label, input, select {
68       font-size: 90%;
69   }
70 ▼ input, select {
71       width: 15em;
72       margin-left: .5em;
73       margin-bottom: .5em;
74   }
75 ▼ input:required, input[required] {
76       border: 2px solid red;
77       color:#800000;
78   }
79 ▼ input:valid {
80       border: 1px solid black;
81   }
```

```css
82 ▼ input:invalid {
83       border: 2px solid red;
84       box-shadow: none;
85       color: #800000;
86   }
87 ▼ br {
88       clear: both;
89   }
90 ▼ #buttons input {
91       width: 10em;
92   }
93   /* the styles for the navigation menu */
94 ▼ #nav_menu ul {
95       list-style-type: none;
96       margin: 0;
97       padding: 0;
98       position: relative;
99   }
100 ▼ #nav_menu ul li {
101       float: left;
102   }
103 ▼ #nav_menu ul li a {
104       display: block;
105       width: 160px;
106       text-align: center;
107       padding: 1em 0;
108       text-decoration: none;
109       background-color: #800000;
110       color: white;
111       font-weight: bold;
112   }
113 ▼ #nav_menu a.current {
114       color: yellow;
115   }
116 ▼ #nav_menu ul ul {
117       display: none;
118       position: absolute;
119       top: 100%;
120   }
121 ▼ #nav_menu ul ul li {
122       float: none;
123   }
```

```css
124  #nav_menu ul li:hover > ul {
125       display: block;
126  }
127  #nav_menu > ul::after {
128       content: "";
129       clear: both;
130       display: block;
131  }
132  #radio > label{
133       float:none;
134  }
135  #radio > input{
136       width:auto;
137       margin-left:3em;
138  }
139  #date1{
140       width:7em;
141  }
142  #date2{
143       width:5em;
144  }
```

```html
<h1>Order Form</h1>
<form action="register_account.html" method="get"
    name="registration_form" id="registration_form">
    <fieldset>
        <legend>Member Information</legend>
        <label for="email">E-Mail:</label>
        <input type="email" name="email" id="email" autofocus required><br>
        <label for="first_name">First Name:</label>
        <input type="text" name="first_name" id="first_name" required><br>
        <label for="last_name">Last Name:</label>
        <input type="text" name="last_name" id="last_name" required><br>
        <label for="address">Address:</label>
        <input type="text" name="address" id="address"><br>
        <label for="city">City:</label>
        <input type="text" name="city" id="city" required><br>
        <label for="state">State:</label>
        <input type="text" name="state" id="state" required maxlength="2" placeholder="2-character code"><br>
        <label for="zip">ZIP Code:</label>
        <input type="text" name="zip" id="zip" required placeholder="5 or 9 digits"
            pattern="^\d{5}(-\d{4})?$" title="Either 5 or 9 digits"><br>
        <label for="phone">Phone Number:</label>
        <input type="tel" name="phone" id="phone" placeholder="999-999-9999"
            pattern="\d{3}[\-]\d{3}[\-]\d{4}" title="Must be 999-999-999 format"><br>
    </fieldset>
    <fieldset>
        <legend>Ordering Information</legend>
        <label for="order_type">Order Type:</label>
        <select name="order_type" id="order_type">
            <option value="m">Member Package</option>
            <option value="d">Doner Package</option>
            <option value="t">Single Tickets</option>
        </select><br>
        <label for="tickets">Number of Tickets</label>
        <input type="number" name="tickets" id="tickets" min="1" max="4" placeholder="Number of single tickets"><br>
    </fieldset>
```

```html
<fieldset id="radio">
    <legend>Payment Method</legend>
    <input type="radio" id="bill" name="me" value="bill">
    <label for="bill">Bill Me</label>
    <input type="radio" name="card" id="card">
    <label for="card">Credit Card</label>
</fieldset>
<fieldset id="date">
    <legend>Credit Card Information</legend>
    <label for="card_type">Card Type</label>
    <select name="card_type" id="card_type">
        <option value="v">Visa</option>
        <option value="m">MasterCard</option>
        <option value="d">Discover</option>
    </select>
    <label for="card_num">Card Number</label>
    <input type="number" name="card_num" id="card_num" pattern="\d{16}" title="Must be 16 digits" placeholder="16 digits">
    <label for="date1">Expiration date:</label>
    <select name="date1" id="date1">
        <option value="1">January</option>
        <option value="2">February</option>
        <option value="3">March</option>
        <option value="4">April</option>
        <option value="5">May</option>
        <option value="6">June</option>
        <option value="7">July</option>
        <option value="8">August</option>
        <option value="9">September</option>
        <option value="10">October</option>
        <option value="11">November</option>
        <option value="12">December</option>
    </select>
    <select name="date2" id="date2">
        <option value="17">2017</option>
        <option value="18">2018</option>
        <option value="19">2019</option>
        <option value="20">2020</option>
        <option value="21">2021</option>
    </select>
</fieldset>
        <fieldset id="buttons">
            <legend>Submit Your Order</legend>
            <label> </label>
            <input type="submit" id="submit" value="Submit">
            <input type="reset" id="reset" value="Reset Fields"><br>
        </fieldset>
    </form>
```