

ULTIMATE TEST FORM

Choose one of these radio button options:

Yes

No

Maybe

Name: _____

Title: _____

Address: _____

Today's Date: _____

Today's Date again: _____

Address again: _____

A different address: _____

Which option would you like? (Default is option 3)

Favorite foods (select all that apply):

Chicken

Vegetables

Ribeye Steaks

Tomatoes

Choose one of the options from this combobox (multiple selection enabled)!

Click on this submit button.

Signature: _____