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Survey Form:

This survey is a registration form for an event. It collects basic details like your name, address, phone number, and email, so the event organizers can register you. It also asks for your preferences on event types (like conferences or workshops) and your experience with past events, if any. Finally, there's a space for any suggestions you might have to improve future events.

In short, it's a way to gather necessary information for event registration and feedback to make future events better.

second.html:

```
<!DOCTYPE html>

<html lang="en">

<head>

  <meta charset="UTF-8">

  <meta name="viewport" content="width=device-width, initial-scale=1.0">

  <title>Event Registration Survey</title>

  <link href="https://fonts.googleapis.com/css2?family=Poppins:wght@400;600&display=swap" rel="stylesheet">

  <link rel="stylesheet" href="styles.css">

</head>

<body>

  <form class="survey-form">

    <h1>Event Registration Survey</h1>
```

```
<!-- Personal Details Section -->
```

```
<div class="form-group">
```

```
  <label for="first-name">First Name:</label>
```

```
  <input type="text" id="first-name" name="first-name" placeholder="Enter your first name" required>
```

```
</div>
```

```
<div class="form-group">
```

```
  <label for="last-name">Last Name:</label>
```

```
  <input type="text" id="last-name" name="last-name" placeholder="Enter your last name" required>
```

```
</div>
```

```
<!-- Address Section -->
```

```
<div class="form-group">
```

```
  <label for="street-address">Street Address:</label>
```

```
  <input type="text" id="street-address" name="street-address" placeholder="Enter your street address" required>
```

```
</div>
```

```
<div class="form-group">
```

```
  <label for="city">City:</label>
```

```
  <input type="text" id="city" name="city" placeholder="Enter your city" required>
```

```
</div>
```

```
<div class="form-group">
```

```
  <label for="state">State/Region:</label>
```

```
  <input type="text" id="state" name="state" placeholder="Enter your state or region" required>
```

```
</div>
```

```
<div class="form-group">
```

```
  <label for="zip-code">Postal Code:</label>
```

```
  <input type="text" id="zip-code" name="zip-code" placeholder="Enter your postal code" required>
```

```
</div>
```

```
<div class="form-group">

  <label for="country">Country:</label>

  <select id="country" name="country" required>

    <option value="usa">United States</option>

    <option value="canada">Canada</option>

    <option value="uk">United Kingdom</option>

    <option value="australia">Australia</option>

    <option value="other">Other</option>

  </select>

</div>
```

<!-- Contact Section -->

```
<div class="form-group">

  <label for="phone">Phone:</label>

  <input type="tel" id="phone" name="phone" placeholder="Enter your phone number" required>

</div>
```

```
<div class="form-group">

  <label for="email">Email Address:</label>

  <input type="email" id="email" name="email" placeholder="Enter your email" required>

</div>
```

<!-- Event Preferences Section -->

```
<h2>Event Preferences</h2>

<div class="form-group">

  <label for="event-type">What type of events do you prefer?</label>

  <select id="event-type" name="event-type" required>

    <option value="conference">Conferences</option>

    <option value="workshop">Workshops</option>
```

```
<option value="networking">Networking Events</option>
```

```
<option value="webinar">Webinars</option>
```

```
</select>
```

```
</div>
```

```
<div class="form-group">
```

```
<label>Have you attended one of our events before?</label>
```

```
<div>
```

```
<label><input type="radio" name="attendance" value="yes" required> Yes</label>
```

```
<label><input type="radio" name="attendance" value="no" required> No</label>
```

```
</div>
```

```
</div>
```

```
<!-- Experience Section -->
```

```
<h2>Experience Feedback</h2>
```

```
<div class="form-group">
```

```
<label for="rating">How would you rate your past experience?</label>
```

```
<select id="rating" name="rating" required>
```

```
<option value="excellent">Excellent</option>
```

```
<option value="good">Good</option>
```

```
<option value="average">Average</option>
```

```
<option value="poor">Poor</option>
```

```
</select>
```

```
</div>
```

```
<div class="form-group">
```

```
<label for="suggestions">Do you have any suggestions for improvement?</label>
```

```
<textarea id="suggestions" name="suggestions" rows="4" placeholder="Enter your suggestions here..."></textarea>
```

```
</div>
```

```
<!-- Submit Button -->

<button type="submit">Submit Registration</button>

</form>

</body>

</html>
```

styles.css:

```
/* General Reset */

* {

  margin: 0;

  padding: 0;

  box-sizing: border-box;

}

body {

  font-family: 'Poppins', sans-serif;

  background-color: #F5F5F5; /* light gray background */

  display: flex;

  justify-content: center;

  align-items: center;

  min-height: 100vh;

  color: #333;

}

/* Form Container */

.survey-form {
```

```
background-color: #ffffff;

border-radius: 12px;

box-shadow: 0 8px 20px rgba(0, 0, 0, 0.1);

width: 100%;

max-width: 600px;

padding: 30px;

animation: fadeIn 0.8s ease-in-out;

}
```

```
/* Heading */
```

```
.survey-form h1 {

font-size: 2rem;

color: #003366; /* Dark Blue */

text-align: center;

margin-bottom: 20px;

font-weight: bold;

}
```

```
.survey-form h2 {

font-size: 1.5rem;

color: #003366; /* Dark Blue */

margin: 20px 0 10px;

font-weight: normal;

}
```

```
/* Form Group */
```

```
.form-group {

margin-bottom: 20px;
```

```
}
```

```
label {
```

```
  font-size: 1rem;
```

```
  color: #666;
```

```
  margin-bottom: 8px;
```

```
  display: block;
```

```
  font-weight: 500;
```

```
}
```

```
input[type="text"],
```

```
input[type="email"],
```

```
input[type="tel"],
```

```
select,
```

```
textarea {
```

```
  width: 100%;
```

```
  padding: 12px 15px;
```

```
  font-size: 1rem;
```

```
  border: 1px solid #ddd;
```

```
  border-radius: 6px;
```

```
  background-color: #f7f7f7;
```

```
  transition: all 0.3s ease;
```

```
}
```

```
input[type="text"]:focus,
```

```
input[type="email"]:focus,
```

```
input[type="tel"]:focus,
```

```
select:focus,
```

```
textarea:focus {  
  
    border: 1px solid #003366; /* Dark Blue */  
  
    outline: none;  
  
    background-color: #fff;  
  
    box-shadow: 0 4px 8px rgba(0, 0, 0, 0.1);  
  
}
```

```
textarea {  
  
    resize: none;  
  
}
```

/* Radio Buttons */

```
input[type="radio"] {  
  
    margin-right: 10px;  
  
    accent-color: #003366; /* Dark Blue */  
  
}
```

```
.form-group label input[type="radio"] + label {  
  
    display: inline-block;  
  
    margin-left: 10px;  
  
}
```

/* Button */

```
button {  
  
    display: block;  
  
    width: 100%;  
  
    padding: 12px 20px;  
  
    font-size: 1rem;
```



```
color: #fff;

background-color: #003366; /* Dark Blue */

border: none;

border-radius: 6px;

cursor: pointer;

font-weight: bold;

transition: all 0.3s ease;

text-transform: uppercase;

}

button:hover {

    background-color: #002244; /* Darker Blue */

    box-shadow: 0 4px 10px rgba(0, 0, 0, 0.1);

}

/* Responsive Design */

@media (max-width: 768px) {

    .survey-form {

        padding: 20px;

    }

    .survey-form h1, .survey-form h2 {

        font-size: 1.5rem;

    }

    input[type="text"],

    input[type="email"],

    input[type="tel"],
```

```
select,

textarea {

    font-size: 0.9rem;

}


button {

    font-size: 0.9rem;

    padding: 10px 15px;

}

}


/* Animation */

@keyframes fadeIn {

    from {

        opacity: 0;

        transform: translateY(20px);

    }

    to {

        opacity: 1;

        transform: translateY(0);

    }

}
```

Output:

Event Registration Survey

First Name:

Last Name:

Street Address:

City:

State/Region:

Postal Code:

Country:

Phone:

Phone:

Email Address:

Event Preferences

What type of events do you prefer?

Have you attended one of our events before?

☐ Yes

☐ No

Experience Feedback

How would you rate your past experience?

Do you have any suggestions for improvement?

SUBMIT REGISTRATION

