

Home page

```
<!DOCTYPE html>
<html lang="en">
  <head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">
    <meta http-equiv="refresh" content="5;url=registration.html">

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

    <title>Home-Page1</title>
  </head>
  <body>
    <div>
      <a href="login.html">
        
      </a>
    </div>
  </body>
</html>
```

Registration page

```
<!DOCTYPE html>
<html lang="en">
  <head>
    <meta charset="UTF-8">
    <meta name="viewport" content="width=device-width, initial-scale=1.0">

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

  <title>Registration Form</title>

  <style>
    body {
      background-color: rgb(205, 218, 236);
    }

    table, td {
      margin: auto;
      border: 3px solid rgb(175, 172, 172);
      border-collapse: collapse;
      padding: 15px;
    }

    h1 {
      text-align: center;
      text-decoration: underline;
      font-weight: bold;
      font-size: 20pt;
      padding-bottom: 15px;
    }

    label {
      font-weight: bold;
      color: #5c1a1a;
    }

    input[type="submit"], input[type="reset"] {
      padding: 10px 14px;
    }

    input[type="submit"] {
      margin-right: 60px;
    }

    input[type="text"], input[type="email"],
    input[type="password"], input[type="date"] {
      width: 250px;
    }
  </style>

```

```
select {
    width: 255px;
}

```

```
</style>

```

```
</head>

```

```
<body>
    <h1>Registration Form</h1>
    <table>
        <form action="login.html" method="get">
            <tr>
                <td><label for="firstname">First Name</label></td>
                <td>
                    <input type="text" id="firstname" name="firstname"
                           placeholder="Enter your first name">
                </td>
            </tr>
            <tr>
                <td><label for="lastname">Last Name</label></td>
                <td>
                    <input type="text" id="lastname" name="lastname"
                           placeholder="Enter your last name">
                </td>
            </tr>
            <tr>
                <td><label for="email">Email</label></td>
                <td>
                    <input type="email" id="email" name="email"
                           placeholder="Enter your email">
                </td>
            </tr>
            <tr>
                <td><label for="password">Password</label></td>
                <td>
                    <input type="password" id="password" name="password"
                           placeholder="Enter your password">
                </td>
            </tr>
            <tr>
                <td rowspan="2"><label for="gender">Gender:</label></td>
                <td>
                    <input type="radio" id="female" name="gender" value="Female">
                    <label for="female">Female</label>
                </td>
            </tr>
            <tr>
                <td>
                    <input type="radio" id="male" name="gender" value="Male">

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        <label for="male">Male</label>
    </td>
</tr>
<tr>
    <td><label for="country">Country</label></td>
    <td>
        <select id="country" name="country">
            <option>Select a Country</option>
            <optgroup label="Africa">
                <option>Egypt</option>
                <option>Sudan</option>
                <option>Libya</option>
                <option>Tunisia</option>
                <option>Morocco</option>
            </optgroup>
            <optgroup label="Europe" disabled>
                <option>Italy</option>
                <option>Sweden</option>
                <option>Spain</option>
            </optgroup>
            <optgroup label="Asia">
                <option>Palestine</option>
                <option>South Korea</option>
                <option>India</option>
            </optgroup>
        </select>
    </td>
</tr>
<tr>
    <td><label for="birthday">Birthday</label></td>
    <td><input type="date" id="birthday" name="birthday"></td>
</tr>
<tr>
    <td colspan="2" style="text-align:center;"><label><u>Interests</u></label></td>
</tr>
<tr>
    <td colspan="2" rowspan="1" style="text-align:center;">
        <input type="checkbox" id="sports" name="interests"
value="Sports">
        <label for="sports" style="margin-right:25px;">Sports</label>

        <input type="checkbox" id="music" name="interests"
value="Music">
        <label for="music" style="margin-right:25px;">Music</label>

        <input type="checkbox" id="fashion" name="interests"
value="Fashion">
    </td>
</tr>

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        <label for="fashion">Fashion</label><br><br>

        <input type="checkbox" id="reading" name="interests"
value="Reading">
            <label for="reading" style="margin-
right:12px;">Reading</label>

            <input type="checkbox" id="shoping" name="interests"
value="Shoping">
            <label for="shoping" style="margin-right:8px;">Shoping</label>

            <input type="checkbox" id="movies" name="interests"
value="Movies">
            <label for="movies" style="margin-right:6px;">Movies</label>
        </td>
    </tr>
    <tr>
        <td colspan="2" style="text-align:center;"><label
for="bio"><u>Bio</u></label></td>
    </tr>
    <tr>
        <td colspan="2"><textarea id="bio" name="bio" rows="4" cols="50"
placeholder="Write about yourself..."></textarea></td>
    </tr>
    <tr>
        <td colspan="2" style="text-align:center;">
            <input type="submit" value="Register..">
            <input type="reset" value="Clear..">
        </td>
    </tr>
    </form>
</table>

</body>
</html>
```

Registration Form

S:\ITI-9month\CST\lab2\registration.html

Registration Form

First Name	<input type="text" value="Enter your first name"/>
Last Name	<input type="text" value="Enter your last name"/>
Email	<input type="text" value="Enter your email"/>
Password	<input type="text" value="Enter your password"/>
Gender:	<input type="radio"/> Female <input type="radio"/> Male
Country	<input type="button" value="Select a Country"/>
Birthday	<input type="text" value="mm/dd/yyyy"/>
Interests:	
<input type="checkbox"/> Sports <input type="checkbox"/> Music <input type="checkbox"/> Fashion	
<input type="checkbox"/> Reading <input type="checkbox"/> Shopping <input type="checkbox"/> Movies	
Bio	
<input type="text" value="Write about yourself..."/>	
<input type="button" value="Register."/> <input type="button" value="Clear.."/>	

Login page

```
<!DOCTYPE html>
<html lang="en">
    <head>
        <meta charset="UTF-8">
        <meta name="viewport" content="width=device-width, initial-scale=1.0">
        <title>Document</title>

        <style>
            body {
                background-color: rgb(205, 218, 236);
            }

            legend {
                font-size: 17pt;
                color: red;
            }

            input[type="text"], input[type="password"] {
                width: 400px;
                height: 30px;
                padding-left: 10px;
            }

            form {
                width: 400px;
                margin: auto;
                margin-top: 150px;
            }

            fieldset {
                padding: 30px;
                border: solid;
                border-width: 5px;
                border-color: rgb(73, 166, 219);
            }

            input[type="submit"] {
                padding: 10px;
                margin-left: 175px;
                color: #a31e1e;
            }

            label {
                font-weight: bold;
                color: #5c1a1a;
            }
        </style>
```

```
</head>
<body>
    <form action="mainpage.html" method="get">
        <fieldset>
            <legend><b>Login</b></legend>
            <label for="username">User name:</label><br>
            <input type="text" id="username" name="username"
                   placeholder="Enter user name"><br><br>

            <label for="password">User password:</label><br>
            <input type="password" id="password" name="password"
                   placeholder="Enter user password"><br><br>

            <input type="checkbox" id="remember-me" name="remember-me"
                   value="remember-me">
            <label for="remember-me">Remember me</label><br><br>

            <input type="submit" value="Sign in..">
        </fieldset>
    </form>
</body>
</html>
```

