```
<meta charset="UTF-8">
  <title>Conference Registration Form</title>
  <h1 style="text-align: center;">Conference Registration Form</h1>
  <form action="/submit" method="post" enctype="multipart/form-data"</pre>
style="width: 600px; margin: 0 auto;">
           <legend><strong>Participant Details</strong></legend>
               <label for="fullName">Full Name:</label><br>
               <input type="text" id="fullName" name="fullName"</pre>
placeholder="Enter your full name" required>
               <input type="email" id="email" name="email"</pre>
placeholder="example@domain.com" required>
               <label for="phone">Phone Number:</label><br>
               <input type="tel" id="phone" name="phone" pattern="\d{10}"</pre>
placeholder="10-digit number" required>
               <input type="number" id="age" name="age" min="18" max="60"</pre>
required>
           <leqend><strong>Event Preferences</strong></leqend>
```

```
<option value="Paper Presentation">Paper
Presentation</option>
Challenge</option>
               <small>Hold Ctrl (Windows) or Command (Mac) to select multiple
options.</small>
               <label>Select Accommodation Type:</label><br>
               <input type="radio" id="hostel" name="accommodation"</pre>
value="Hostel" required>
               <label for="hostel">Hostel</label><br>
               <input type="radio" id="hotel" name="accommodation"</pre>
value="Hotel" required>
               <label for="hotel">Hotel</label><br>
               <input type="radio" id="none" name="accommodation" value="None"</pre>
required>
               <input type="checkbox" id="vegetarian" name="dietary[]"</pre>
value="Vegetarian">
               <label for="vegetarian">Vegetarian</label>
```

```
<input type="checkbox" id="nonVegetarian" name="dietary[]"</pre>
value="Non-Vegetarian">
               <label for="nonVegetarian">Non-Vegetarian
               <input type="checkbox" id="vegan" name="dietary[]"</pre>
value="Vegan">
               <label for="vegan">Vegan</label>
               <input type="checkbox" id="otherDiet" name="dietary[]"</pre>
value="Other" onclick="toggleOtherDietInput(this)">
               <label for="otherDiet">Other (Specify below) </label>
               <input type="text" id="otherDietText" name="otherDietText"</pre>
placeholder="Specify here" disabled>
MB):</label><br>
               <input type="file" id="upload" name="upload" accept=".pdf"</pre>
required>
               <label for="comments">Comments/Requests:</label><br>
               <textarea id="comments" name="comments" placeholder="Write your</pre>
```

Conference Registration Form

Participant Details
Full Name: Enter your full name
Email:
example@domain.com
Phone Number: 10-digit number
Agrai
Age:
Event Preferences
Select up to two events: Coding Contest Hackathon Paper Presentation Robotics Challenge Keynote Session
Hold Ctrl (Windows) or Command (Mac) to select multiple options.
Hold Ctrl (Windows) or Command (Mac) to select multiple options. Accommodation Details
Accommodation Details Select Accommodation Type: ○ Hostel
Accommodation Details Select Accommodation Type: O Hostel O Hotel
Accommodation Details Select Accommodation Type: ○ Hostel
Accommodation Details Select Accommodation Type: O Hostel O Hotel
Accommodation Details Select Accommodation Type: O Hostel O Hotel O None
Accommodation Details Select Accommodation Type: Hostel Hotel None Dietary Preferences
Accommodation Details Select Accommodation Type:
Accommodation Details Select Accommodation Type: Hostel Hotel None Dietary Preferences Vegetarian

Accommodation Details
Select Accommodation Type: O Hostel O Hotel O None
Dietary Preferences
□ Vegetarian
□ Non-Vegetarian
□ Vegan
☐ Other (Specify below)
Specify here
Additional Info
Upload Student ID (PDF only, max 5 MB):
Browse No file selected.
Comments/Requests:
Write your comments here (optional)
Consent and Submission
☐ I agree to the terms and conditions
Submit Reset