|  |  |
| --- | --- |
| Top of Form  Bottom of Form | |
|  | <!DOCTYPE html> |
|  | <html lang="en"> |
|  | <head> |
|  | <!-- Required meta tags --> |
|  | <meta charset="utf-8"> |
|  | <meta name="viewport" content="width=device-width, initial-scale=1, |
|  | shrink-to-fit=no"> |
|  |  |
|  | <!-- Bootstrap CSS --> |
|  | <link rel="stylesheet" |
|  | href="<https://maxcdn.bootstrapcdn.com/bootstrap/4.0.0/css/bootstrap.min.css>" |
|  | integrity="sha384-Gn5384xqQ1aoWXA+058RXPxPg6fy4IWvTNh0E263XmFcJlSAwiGgFAW/dAiS6JXm" |
|  | crossorigin="anonymous"> |
|  |  |
|  | <title>Responsive Design</title> |
|  | </head> |
|  | <body> |
|  | <div class="container"> |
|  | <div class="row"> |
|  | <div class="col-sm-2"> |
|  | <!—One of the 3 columns--> |
|  | </div> |
|  | <div class="col-sm-8 bg-light"> |
|  | <h3>Join a Social Network</h3> |
|  | <form> |
|  | <div class="form-group"> |
|  | <label for="username">Username</label> |
|  | <input type="text" class="form-control" id="username" name="username" required placeholder="username"> |
|  | </div> |
|  | <div class="form-group"> |
|  | <label for="pwd">Password</label> |
|  | <input type="password" class="form-control" id="pwd" name="pwd" required> |
|  | </div> |
|  | <div class="form-group"> |
|  | <label for="email">Email address</label> |
|  | <input type="email" class="form-control" id="email" name="email" > |
|  | </div> |
|  | <div class="form-group"> |
|  | <label for="phone">Phone number</label> |
|  | <input type="tel" class="form-control" id="phone" name="phone" pattern="[0-9]{3}-[0-9]{3}-[0-9]{4}">(972-883-3575) |
|  | </div> |
|  | <div class="form-group"> |
|  | <label for="about">About you</label> |
|  | <textarea class="form-control" id="about" name="about" cols="30" rows="3"></textarea> |
|  | </div> |
|  |  |
|  | <div class="form-group"> |
|  | <label for="picture">Photo</label> |
|  | <input type="file" id="picture" name="picture"> |
|  | </div> |
|  | <div class="form-group"> |
|  | <label for="gender">Gender</label> |
|  | <select name="gender" id="gender" class="form-control"> |
|  | <option value="m">Male</option> |
|  | <option value="f">Female</option> |
|  | </select> |
|  | </div> |
|  | <div class="form-group"> |
|  | <input type="checkbox" id="agree" name="agree" checked value="agreed"> I agree to the terms of service and privacy policy.<br> |
|  | </div> |
|  |  |
|  | <div class="form-group"> |
|  | <input type="submit" value="Submit"> |
|  | </div> |
|  |  |
|  | </form> |
|  |  |
|  |  |
|  | </div> |
|  | <div class="col-sm-2"> |
|  | <!—one of the three columns🡪 |
|  | </div> |
|  | </div> |
|  | </div> |
|  |  |
|  |  |
|  | </body> |
|  |  |
|  | </html> |
|  |  |
|  |  |