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<!DOCTYPE html>
<html>
<head>
  <title>Tutorial</title>
  <style>
    body {
      background-image: url("io.jpg");
      background-size: cover;
      background-position: center;
      background-repeat: no-repeat;
      height: 100vh;
      margin: 0;
      padding: 20px;
      font-family: Arial, sans-serif;
      color: #fff;
    }

    .container {
      max-width: 600px;
      margin: 0 auto;
      background-color: rgba(0, 0, 0, 0.7);
      padding: 20px;
      border-radius: 8px;
    }

    .container h2 {
      text-align: center;
    }

    .container label, .container input {
      display: block;
      margin-bottom: 10px;
    }

    .container input[type="text"], .container input[type="email"], .container input[type="password"]
  {
    width: 100%;
    padding: 10px;
    border: none;
    border-radius: 6px;
  }

    .container input[type="submit"] {
      width: 100%;
      padding: 10px;
      background-color: #4CAF50;
      color: #fff;
      border: none;
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        border-radius: 4px;
        cursor: pointer;
    }

    .container input[type="submit"]:hover {
        background-color: #45a049;
    }
</style>
</head>
<body>
    <div class="container">
<center>
<h1> <center>Sign UP</center></h1>
<table border="0">
<form name="g" method="post" action="new.php">
<tr>
<td>First Name</td>
<td> <input type="text" name="un" value="First name"></td>
</tr>
<tr>
<td>Last Name</td>
<td> <input type="text" name="un" value=" Last name"></td>
</tr>

<tr>
<td><label for="Birth Day">Birth Day:</label></td>
<td>
<select id=" Day" name=" Day" required>
<option value="" disabled selected>Select Day</option>
<option value="1">USA</option>
<option value="2">UK</option>

<td>
<select id=" Month" name="Month" required>
<option value="" disabled selected>Select Month</option>
<option value="u">1</option>
<option value="k">1</option>

<td>
<select id="year" name="year" required>
<option value="" disabled selected>Select Year</option>
<option value="a">2001</option>
<option value="h">2004</option>
</select>
</td>
</tr>
</tr>
<br>

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<tr>
<td>Gender</td>
<td><input type="radio" name="gen" value="M">male</td>
<td><input type="radio" name="gen" value="F">FeMale</td>
</tr>
<tr>
<td><label for="country">Country:</label></td>
<td>
<select id="country" name="country" required>
<option value="" disabled selected>Select your country</option>
<option value="usa">USA</option>
<option value="uk">UK</option>
<option value="canada">Canada</option>
<option value="australia">Australia</option>

</select>
</td>
</tr>
<tr>
<form name="g" method="post" action="new.php">
<td>Email </td>
<td><input type="text" name="un" value="Email"></td>
</tr>
<br>
<tr>
<form name="g" method="post" action="new.php">
<td>Phone Number</td>
<td><input type="text" name="un" value="Phone number" ></td></tr>

<tr>
<form name="n" method="post" action="new.php">
<td>Password</td>
<td><input type="text" name="pn" ></td></tr>
<tr>
<form name="kl" method="post" action="new.php">
<td>Confirm password</td>
<td><input type="text" name="ln" ></td></tr>
</form>
</center>
</table>

<table>
<form>
<tr>
<td><input type="checkbox" name="ol" value="1">I agree to the terms and cionditions.</td>
</tr>
<tr>

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<td> <input type="submit" name="log" value="Submit"></td>
<br>
<br>

</tr>
</form>
</center>
</table>
</div>
</body>
</html>
```