

```
<!DOCTYPE html>
```

```
<html>
```

```
<head>
```

```
  <title> STI Enrollment Form</title>
```

```
</head>
```

```
<style>
```

```
  .table {
```

```
    border-color: azure;
```

```
  }
```

```
</style>
```

```
<body>
```

```
  <h1>STI Enrollment Form</h1>
```

```
  <br>
```

```
  <h3> A. Personal Information</h3>
```

```
  <form>
```

```
    <table>
```

```
      <tr>
```

```
        <td> <label for="fname"> First Name</label></td>
```

```
        <td> <input type="text" id="fname" name="fname"> </td> <br> <br>
```

```
      </tr>
```

```
      <tr>
```

```
        <td> <label for="mname"> Middle name</label>
```

```
        <td> <input type="text" id="mname" name="mname"> <br>
```

```
      </tr>
```

```

<tr>

    <td> <label for="sname"> Surname</label>

    <td> <input type="text" id="sname" name="sname"> <br>

</tr>

<tr>

    <td> <label for="Suffix"> Suffix</label>

    <td> <input type="text" id="Suffix" name="Suffix"> <br>

</tr>

</table>

</form>

<br>

<hr>

<h3> B. Sex</h3>

<form>

    <input type="radio" id="female" name="Sex" value="Female">

    <label for="female">Female</label>

    <input type="radio" id="male" name="Sex" value="Male">

    <label for="male">Male</label>

    <input type="radio" id="other" name="Sex" value="Other">

    <label for="other">Other</label>

</form>

<br>

<hr>

<h3> C. Nationality:</h3>

<form>

    <input type="text" id="fname" name="fname"> </td> <br> <br>

</form>

<hr>

<h3> D. Email Address:</h3>

```

```
<form>

    <input type="text" id="ea" name="ea"> </td> <br> <br>
```

```
</form>
```

```
<hr>
```

```
<h3> E. Phone Number:</h3>
```

```
<form>
```

```
    <input type="text" id="pn" name="pn"> </td> <br> <br>
```

```
</form>
```

```
<hr>
```

```
<br>
```

Thank you!

```
<br>
```

```
<form>
```

```
    <input type="reset">
```

```
    <input type="submit">
```

```
</form>
```

```
</html>
```

STI Enrollment Form

A. Personal Information

First Name

Middle name

Surname

Suffix

B. Sex

☐ Female ☐ Male ☐ Other

C. Nationality:

D. Email Address:

E. Phone Number:

Thank you!