<link rel="stylesheet" type="text/css" href="/css/contact\_form.css" media="screen,projection" /><link rel="stylesheet" type="text/css" href="/css/contact\_form\_ie.css" media="screen,projection" /><script src="http://www.westga.edu/share/js/jquery.validate.1.7.min.js" type="text/javascript"></script><script type="text/javascript"> $(document).ready(function(){$("#contact").validate({rules: {name: "required",email: {required: true,email: true},subject: "required",comment: "required",captcha\_code: {required: true,remote: {url:"/includes/captcha\_check.php",type: "post"}}}});});</script><?php if ($\_GET['return'] == true) {?><div><h4></h4></div><?php } else { ?><form action="/includes/formmail.php" method="post" class="contact" id="contact" accept-charset="utf-8">  
  
**<!---------------- START EDITING HERE ------------------------->**  
  
<input type="hidden" name="recipient" id="recipient" value="wstevers@westga.edu" />   
<input type="hidden" name="redirect" value="http://www.westga.edu/its/index\_19530.php">

<p>Required fields marked <em>\*</em></p>  
<fieldset>   
<table>   
<tr>   
<td class="labelcell">   
<label for="About">Concerning: </label>   
</td>   
<td>   
<select name="About" id="About" title="Please choose what your comment concerns">   
<option value="General Question"> General Question </option>   
<option value="Administration"> Administration </option>   
<option value="Our Website"> Our Website </option>   
<option value="Other"> Other </option>   
</select>   
</td>   
</tr>   
<tr>   
<td class="labelcell">   
<label for="realname"><em>\*</em> Name: </label>   
</td>   
<td>   
<input type="text" name="realname" id="realname" class="required" title="Please enter your name" />   
</td>   
</tr>   
<tr>   
<td class="labelcell">   
<label for="email"><em>\*</em> Email: </label>   
</td>   
<td>   
<input type="text" id="email" name="email" class="required" title="Please enter an email address" />   
</td>   
</tr>   
<tr>   
<td class="labelcell">   
<label for="phoneInput"> Phone: </label>   
</td>   
<td>   
<input id="phoneInput" type="text" name="phone" value="" />   
</td>   
</tr>   
<tr>   
<td class="labelcell">   
<label for="bestContact"> What is the best way to contact you?: </label>   
</td>   
<td>   
<input type="radio" id="bestContact" name="bestContact" value="Email" checked> Email &nbsp;   
<input type="radio" id="bestContact" name="bestContact" value="Phone"> Phone   
</td>   
</tr>   
<tr>   
<td class="labelcell">   
<label for="subject"><em>\*</em> Subject: </label>   
</td>   
<td>   
<input id="subject" type="text" name="subject" value="" class="required" title="Please enter a subject" />   
</td>   
</tr>   
<tr>   
<td class="labelcell">   
<label for="comment"><em>\*</em> Comments/Suggestions: </label>   
</td>   
<td class="textarea">   
<textarea name="comment" cols="40" rows="4" id="comment" class="required" title="Please enter a comment"></textarea>   
</td>   
</tr>

<!------------------- STOP EDITING HERE --------------------->  
  
<tr>   
<td class="labelcell">   
<label for="captcha\_code" class="text-area-label">   
<em>\*</em> Please enter the text:   
</label>   
</td>   
<td class="captcha">   
<img src="/lib/securimage/securimage\_show.php?sid=<?php echo md5(uniqid(time())); ?>" id="image" align="absmiddle" />   
<a href="/lib/securimage/securimage\_play.php" class="captcha"><img src="/lib/securimage/images/audio\_icon.gif" width="22" height="20" alt="Play audio clip" /></a>&nbsp;   
<a href="#" class="captcha" onclick="document.getElementById('image').src = '/lib/securimage/securimage\_show.php?sid=' + Math.random(); return false"><img src="/lib/securimage/images/refresh.gif" width="22" height="20" alt="Refresh captcha image" /></a>   
<br /><br />   
<input id="captcha\_code" type="text" name="captcha\_code" value="" size="10" maxlength="6" class="required" title="Please enter the text above"/>   
</td>   
</tr>   
<tr>   
<td class="labelcell">&nbsp;</td>   
<td><div id="spfield">   
<strong>Please leave the following field blank:</strong> <br>   
<input type="text" name="likeable"></div>   
</td>   
</tr>  
<tr>   
<td class="labelcell">&nbsp;   
</td>   
<td class="submitcell">   
<input name="submit" id="submit" type="submit" value="Submit" class="inputSubmit" />   
</td>   
</tr>  
</table>   
</fieldset>   
<p class="note">   
NOTE: Information submitted with this web form is not secure. It is strongly recommended you do not include any personal information (e.g.: social security numbers, student ID numbers).   
</p>   
</form>   
<?php } ?>